

WLS, Inc. *Centers for Airway Science*

APPLICATION FOR PARTICIPANTS -- PLEASE PRINT

YOUTH - COMPLETE THIS SECTION

Name: _____ Phone: _____

Address: _____ Zip Code: 97_____

Male _____ Female _____

Date of Birth: _____

Do you live with: Both parents _____ Mother _____ Father _____ Grandparent _____ Guardian _____

How many in your family (including yourself)? _____ How many sisters? _____ How many brothers? _____

Do you have brothers or sisters who are old enough to have finished high school but did not? _____

Name of your school: _____ Grade level: _____

What languages other than English are spoken in your home? _____

What are your hobbies? _____

What would you like to be? _____

Have you used a computer before? Yes _____ No _____ If yes, tell us how you used it: _____

List other youth programs you are part of: _____

YOUR PERSONAL COMMITMENT

I want to learn more about flight, math, science, and computers. I will attend all classes, pay attention, and work hard to succeed.

Youth signature: _____ Date: _____

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Please complete and sign both sides

APPLICATION FOR PARENTS/GUARDIANS -- PLEASE PRINT

Father's/Guardian's name: _____ Phone: _____

Father's/Guardian's occupation: _____

Father's/Guardian's employer: _____

Mother's/Guardian's name: _____ Phone: _____

Mother's/Guardian's occupation: _____

Mother's/Guardian's employer: _____

Emergency phone other than listed: _____ Name: _____ Relation: _____

Family Doctor's Name: _____ Phone: _____

Youth's Medications: _____ Name of insurance company: _____

Preferred Hospital: _____

Are you interested in volunteering in the program's activities? Yes_ No_ If yes, indicate skills or interests: _____

List any special needs the youth may have _____

How many hours is your child home alone after school? None_ less than 3 hours__ 3 or more hours_____

PARENT/GUARDIAN APPROVAL

I/We the parents/guardian of the above-named youth applicant, hereby give my/our consent to his/her participation in activities sponsored by the Warren Lee Strickland Foundation, Inc. *Centers for Airway Science (CAS)*. I/We assume all risks and hazards incident to such participation including transportation to and from the activity; and I/we hereby waive, release, absolve, indemnify and agree to hold harmless the *CAS* and its partners, the organizers, sponsors,

CONFIDENTIAL INFORMATION - used to compile statistics for our funding sources.

We MUST have ALL of this information before we can consider your child's application!

Mother's education level: Less than 12____ High school____ Other (specify) _____

Father's education level: Less than 12____ High school____ Other (specify) _____

Do you receive: Free__ or reduced price__ school lunches? Neither__ Total family income: \$_____ per _____

Youth's ethnicity: Anglo____ African-American____ American Indian____ Asian/Pacific Islander____ Hispanic____

Other - (specify) _____

Family reciprocity: Food stamps.____ Veteran's Comp.____ Social Security____ General Assistance____ Unknown____

Other - (specify) _____

supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child, whether the result of negligence or any other cause.

I/We further authorize the above-named for pictures and video which may be used in *CAS* publicity. *CAS* is authorized to secure from my child's schools, and use, my/our child's grades and attendance records before, during, and after participation in the program. I/We understand this information will be held confidential.

CAS and its partners do not sanction or approve of project volunteers participating with youth outside the control of project managers. I/We commit to obtaining a good understanding of the program goals and objectives and will assist in keeping my child motivated and involved. This includes timeliness, neatness, and assisting where possible to help the child in any outside work for the program.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

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Please complete and sign both sides