

Out of the Blue Aviation

18306 59th Dr NE
Arlington, WA 98223
Phone: 360.474.1060
Fax: 360.474.1012



YOUNG AVIATORS INFORMATION

NAME	FIRST	MIDDLE	LAST	DOB (MM/DD/YY)	SEX (M/F)
EMAIL					
HOME ADDRESS		CITY		STATE	ZIP
PHONE NUMBERS: HOME	CELL	WORK	EMAIL:		
MOTHERS NAME		CONTACT NUMBER			
FATHERS NAME		CONTACT NUMBER			
EMERGENCY CONTACT			PHONE NUMBER		
<i>IN THE EVENT OF AN EMERGENCY OUT OF THE BLUE AVIATION STAFF HAS MY PERMISSION TO MAKE MEDICAL DECISIONS FOR MY CHILD.</i>					
<i>SIGNATURE</i> _____			<i>DATE</i> _____		
<i>I GIVE OUT OF THE BLUE AVIATION STAFF PERMISSION TO TRANSPORT MY CHILD TO AND FROM FIELD TRIPS.</i>					
<i>SIGNATURE</i> _____			<i>DATE</i> _____		
<i>I UNDERSTAND THAT MY CHILD WILL BE TAKING FLIGHT LESSONS WITH A CERTIFIED FLIGHT INSTRUCTOR. I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THESE FLIGHT LESSONS.</i>					
<i>SIGNATURE</i> _____			<i>DATE</i> _____		
Please note that your child will need to be picked up, or be self-mobile, at the following times: Mon, Tues, Thurs:1:00 Wed: 2:00 Fri: to be decided If you are unable to pick up your child at these times, please inform Out of the Blue Staff.					

DATE

PARENT'S SIGNATURE

