



Youth Initiative Mentoring Academies (YIMA)

REGISTRATION FORM

Last Name _____ First Name _____ Middle Init. _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Age _____ Date of Birth _____ Goes to School Where? _____
 Driver's License No. _____ Social Security No. _____
 Place of Employment _____ Business Phone _____
 Additional family members taking lessons _____
 Referred by _____

PARENT'S INFORMATION (if under 18)

Father's Last Name _____ First _____ M. I. _____ Age _____
 Mother's Last Name _____ First _____ M. I. _____ Age _____
 Indicate which parent: Father Mother
 Address _____ City _____ State _____ Zip _____
 Phone _____ Drivers' License No. _____ Social Security No. _____
 Place of Employment _____ Business Phone _____

FIELD TRIPS

Field trips are an important part of the Youth Initiative Aviation Academy. Your signature authorizes your son/daughter/ward to attend field trips that are developed as part of this class. We understand that the necessary arrangements/plans/precautions will be taken for the care and supervision of the student during this trip.

I/We authorize _____ to participate in Youth Initiative Aviation Academy field trips.

Registrant's Signature (or Parent/Guardian if under 18) _____ Date _____

RELEASE

I hereby grant Youth Initiative Mentoring Academies/Youth Initiative Aviation Academy and its agents and assigns the right and permission to use of my sons daughter's name and reproduction of physical likeness for the purpose of publicizing the program through the pamphlets, video, newspaper, periodicals, etc.

Registrant's Signature (or Parent/Guardian if under 18) _____ Date _____

You acknowledge that instruction and training in the flight academy is physically strenuous and involves the risk of injury. You represent that you are physically fit to undertake our training activities. You agree that all activities and the use of our facilities are at your own risk and that we, our instructors and our other students will not be liable for any claims, demands, injuries, damages, or actions resulting from your use of our services and facilities. You also agree not to sue us, our instructors and other employees for any injury or loss resulting from the use of our services and facilities.

There is no health insurance or medical coverage provided by this program. The signing of this form acknowledges that the students parent/guardian accepts responsibility for payment of any medical treatment which may be required while they are in the program.

Registrant's Signature (or Parent/Guardian if under 18) _____ Date _____

Signature of School Counselor (if enrolled in K-12 school) _____ Date _____

Assigned Materials: Private Pilot Kit Flight Computer

Youth Initiative Aviation Academy (YIAA)

Mamie Lanford Singleton, Executive Director, YIMA

PO Box 17093 • St. Paul, MN 55117 • (612) 489-0143 Fax (651) 202-3296 • Cell (651) 270-7266