



Registration, Consent & Release Form

SECTION 1 — PARTICIPANT INFORMATION & REGISTRATION

Participant Name: _____

Age: _____ Date of Birth: _____

Current Grade: _____ School: _____

Program/Course Name: _____

Session Dates: _____

T-Shirt Size (if applicable): YS YM YL AS AM AL AXL 2XL

Student Email Address (required only for *Drones & Dreams in Motion* participants — used solely for logging into the online flight-simulation platform):

Demographic Information (Optional)

To help us better plan programs and understand the students we serve, we invite you to share the following information. Your responses are optional and confidential.

Gender: Female Male Prefer not to say

Ethnicity/Race (check all that apply):

African American/Black Asian Hispanic/Latino Native American/Alaska Native Native Hawaiian/Pacific Islander White Other: _____ Prefer not to say

Primary Language Spoken at Home: _____

SECTION 2 — PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

Parent/Guardian Information

Parent/Guardian Name (Primary Contact): _____

Relationship to Student: _____

Place of Employment: _____

Work Phone: _____ Mobile Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Secondary Parent/Guardian Name (if applicable): _____

Relationship to Student: _____

Place of Employment: _____

Work Phone: _____ Mobile Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Emergency Contact (if different from above)

Name: _____

Relationship to Student: _____

Phone (Primary): _____ Phone (Alt): _____

Authorized Pick-Up Persons

Please list any individuals (other than parents/guardians) authorized to pick up your student from WACO Education Center programs. Photo identification may be required.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 3 — MEDICAL INFORMATION & EMERGENCY AUTHORIZATION

Participant Name: _____

Medical Information

Allergies (please specify):

- Food Allergies: _____

- Insect Allergies: _____
- Other Allergies: _____

Medications (In case of an emergency, please list any medications your student currently takes. *Note: WACO staff do not administer medications.*)

Physician Name: _____
Phone Number: _____

Preferred Hospital in case of emergency: _____

Emergency Care Authorization

In the event of an emergency, I authorize WACO Education Center staff to seek medical care for my child if I cannot be reached immediately. I understand that all reasonable efforts will be made to contact me and/or the emergency contacts provided.

I understand that the WACO Education Center staff are **not responsible for administering medications** and that they will follow emergency care procedures as needed.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

SECTION 4 — CONSENT, BEHAVIOR AGREEMENT, ACKNOWLEDGMENT OF RISK, WAIVER, AND PHOTO/MEDIA RELEASE

Participant Name: _____

Program Participation Consent

I, the undersigned parent/guardian, permit my child to participate in programs, courses, and activities offered by the WACO Education Center. I understand that participation may include hands-on learning, use of educational equipment, flight simulations, and other activities related to aviation and STEM education.

Behavior Agreement

At the WACO Education Center, we value curiosity, teamwork, and respect. Students are expected to:

- Follow the guidance of WACO staff, instructors, trustees, and volunteers.
- Treat others, equipment, and facilities with care and respect.
- Participate safely and positively in all activities.

Failure to follow these guidelines may result in removal from an activity or session, a parent/guardian being asked to remain on-site, or dismissal from the program if behavior issues persist.
I agree that my child's behavior is my responsibility, and I will support WACO staff, instructors, trustees, and volunteers in enforcing program rules.

Acknowledgment of Risk

I understand that participation in WACO Education Center programs may involve inherent risks, including but not limited to:

- Physical activity, lifting, or movement of equipment
- Interaction with aircraft, flight simulators, and other technical equipment
- Outdoor activities where exposure to weather and natural elements is possible

I acknowledge that while WACO Education Center staff, instructors, trustees, and volunteers take every precaution to ensure safety, **it is impossible to eliminate all risks.**

Waiver of Liability & Legal Protection (Simplified)

To the fullest extent permitted by law, I, on behalf of myself, my child, and our heirs, release, waive, and hold harmless the WACO Education Center, its employees, instructors, trustees, and volunteers from any and all claims, demands, or causes of action arising from participation in program activities.

I understand that this waiver applies to all program activities, on-site and off-site, unless otherwise specified in writing.

Photo/Media Release (Optional)

I permit the WACO Education Center to take and use photographs or videos of my child for promotional or educational purposes.

- I DO give permission
 I DO NOT give permission

Important: If you do NOT give permission, please inform your child so they can avoid group photos. Students who appear in photos despite this may be asked to step out of group photos.

Parent/Guardian Acknowledgment & Signature

(By signing below, you acknowledge and agree to all items in this section: Program Participation, Behavior Agreement, Acknowledgment of Risk, Waiver of Liability, and Photo/Media Release)

Signature: _____ **Date:** _____

Printed Name: _____
