



FLYING NZ YOUNG EAGLES REGISTRATION FORM

The Young Eagle and their Parent or Guardian is to complete the Young Eagles Registration Form and hand to the Young Eagles Coordinator.

PLEASE PRINT CLEARLY USING CAPITALS

NAME: _____

ADDRESS: _____

TOWN/CITY: _____

DATE OF BIRTH: _____ EMAIL: _____

TELEPHONE: _____ MOBILE _____

Have you ever participated in a Young Eagles flight before? YES / NO

The Young Eagle candidate named wishes to participate in the Flying NZ Young Eagles Programme which includes flight experience.

I Certify I am the child's legal guardian and I give him / her permission to participate in the programme, including flight experiences. I also agree to hold Flying NZ, all participants and sponsors harmless for all personal injury which may result from participation in any part of this programme.

Parent / Guardian Name Please Print: _____

Parent / Guardian Signature: _____

Date Signed: _____

Contact Details of Parent /Guardian

Parent/Guardian Address: _____

Phone Number: _____

Contact: Flying NZ Executive Secretary Lisa Macdonald execsec@flyingnz.co.nz
Phone: 0800 422 635 OR 027 2495251