

**2007 HOT AIR BALLOON SUMMER CAMP
at the
ANDERSON-ABRUZZO ALBUQUERQUE
INTERNATIONAL BALLOON MUSEUM**

Camper's Name: _____

Gender (check one): Female ____ Male ____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Birthdate: _____ Age: _____

Grade: _____ School: _____

SESSION CHOICES:

Session 1: June 4-8 (ages entering 7th thru 9th grade)

Session 2: June 11-15 (ages entering 3rd thru 6th grade)

Session 3: June 18-22 (ages entering 3rd thru 6th grade)

Session 4: June 25-29 (ages entering 3rd thru 6th grade)

First Choice: _____ Second Choice: _____

Enrollment is \$150.00 per child. Balloon Museum Foundation Members receive a 10% discount.

10% late registration fee after May 15, 2007

T-SHIRT SIZE:

Youth – (S) (M) (L)

Adult - (S) (M) (L)

PARENT INFORMATION:

Parent/Guardian Name: _____

Day Phone: (_____) _____ Eve. Phone: (_____) _____

Cell Phone: (_____)_____ Email: _____

PERSON TO NOTIFY IF PARENT/GUARDIAN CANNOT BE REACHED:

Name: _____

Relationship to Camper : _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: (_____)_____ Eve. Phone: (_____)_____

Cell Phone: (_____)_____

HEALTH HISTORY:

Use this space to provide information about any health conditions that we should be aware of:

Is your child taking any medications? If so, please list them below:

I do not wish my child to participate in the following activities:

I hereby attest that I have read the Anderson-Abruzzo Albuquerque International Balloon Museum's 2007 Hot Air Balloon Summer Camp Assumption of Risk, Release and Waiver of Liability and Indemnification Agreement (which I have signed), and I understand that if accepted, this Application is subject to all of the provisions listed therein. I give full permission for my child to attend the Hot Air Balloon Summer Camp and to participate in all activities unless otherwise specified above. It is understood that some activities will include crewing and flying in hot air balloons. In case of emergency, I hereby give my permission for hospitalization and medical treatment of my child, if necessary, for any and all injuries which occur during the activities of the Camp. I accept

responsibility for medical charges which may be incurred on my child's behalf. I am the legal custodian of this child and am authorized to give consent on his/her behalf. This application is incomplete without the signed Waiver Agreement.

Parent/Guardian Signature

Date

Please mail this completed Application, along with the signed Waiver Agreement to the following address: 9201 Balloon Museum Drive, N.E., Albuquerque, NM 87113