



SwingIt Trapeze

Thank you for flying with us at SwingIt Trapeze! Please take a moment to fill out our registration form.

Participant Information

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail Address: _____

Gender: Male Female Date of Birth: _____ Age: _____

Parent Information (if participant is under the age of 18)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail Address: _____

Gender: Male Female Date of Birth: _____ Age: _____

Emergency Contact Information (other than parents, if minor)

First Name: _____ Last Name: _____

Phone #: _____

Do you have any **physical and/or medical condition(s)** that could affect your ability to fly? YES NO

If yes, please explain:

How did you hear about SwingIt Trapeze? _____