2023 AIAA Student Regional Conference – Region VI EMERGENCY INFORMATION FORM American Institute of Aeronautics and Astronautics (AIAA) at UC Davis

- Please complete the Participant and Emergency Information on page 1 and Waiver on page 2. Upload the form to online registration site with registration fee by <u>March 10th</u>, 2023.
- Participation will not be allowed without signed and completed form.
- For questions about this form, please contact StudentProgram@aiaa.org.

Particip	oant In	format	ion
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First name	Middle Initial	Last Name			
Birthdate	Grade	Gender	T-shirt size		
Address					
City		State	Zip Code		
Household Informatio	n				
Parent/Guardian #1		Parent/Guardian #2			
Day Phone	Evening Phone	Day Phone	Evening Phone		
Additional Phone(s) (cell, pager, other)		Additional Phone(s) (co	Additional Phone(s) (cell, pager, other)		
Email Address		Email Address			
Allergies (including foo medications to be take	lowing to provide staff with your you and medication allergies), whether an with dose and schedule, and any oth additional information as needed:	r youth carries epinephrine pother medical issues (e.g. res	pen, dietary restrictions, all		
nearological) and attai					
	In the event a parent/guardian canno	ot be reached, please list tw	o additional contacts.		
Emergency Contacts:			o additional contacts.		
Emergency Contacts: Name:	In the event a parent/guardian canno	Name:			