

**"Superheroes..A Night to Fly" Registration Form**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Street  
Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ phone \_\_\_\_\_

I require transportation to and from event (must be within city limits) \_\_\_\_\_

Physician's name and  
number \_\_\_\_\_

Please check mark all that apply

Hearing impaired\_\_      asthma\_\_      trach dependent\_\_      feeding tube\_\_

Memory impaired\_\_      seizures\_\_      high BP\_\_      diabetic\_\_

Sight impaired\_\_      Respiratory issues\_\_      walker/cane\_\_

Mental health impaired\_\_      wheelchair\_\_      Light or noise sensitive\_\_

Speech impaired or non-verbal\_\_      Electrical dependent (please list electrical  
devices) \_\_\_\_\_

Allergies \_\_\_\_\_

Please tell us any precautions we need to take including feeding requirements,  
fall precautions,  
etc. \_\_\_\_\_  
\_\_\_\_\_