



Please fully complete

Name: _____

Nickname: _____ Date of Birth: _____

Address: _____

Email: _____

High School: _____

Entering grade: _____



You may upload or attach a resume, but it is not required.

Any physical limitations? If so, please describe. _____

Medical Dietary Restrictions?

None

Vegetarian (eggs & dairy acceptable)

Vegan (no eggs or dairy)

Gluten Free

Food Allergies (please list) _____

Transportation:(check all that apply)

I understand my parents/guardians and I are responsible for transportation to/from Port Canaveral to participate

I am willing to share my phone and contact information with other students and their families for the purpose of carpooling

I am willing to provide transportation to another student in my community

Space Coast Area Transit does stop at Port Canaveral! Please check their schedules and reduced student fares at <https://321transit.com>

Mandatory Signatures:

By signing this application, parent/guardian is giving permission for the above-named student to participate in the Port Canaveral Junior Port Ambassador Program

By signing this application, school principal/guidance counselor is giving permission for the above-named student to miss school on the scheduled dates and will designate such absence EXCUSED for educational purposes.

Parent/Guardian

ScCID 59 >>BDC 0.001 T7P < /P ID 59 E3.9p >>BD

Signature

Printed Name

Date



MEDIA RELEASE FORM

Name: _____

Nickname: _____ Date of Birth: _____

Address: _____

Email: _____

Student phone: _____ Parent phone: _____

Parent/Guardian Email: _____

Dear student and parent/guardian:

Port Canaveral may choose to video segments or photograph the students participating in the Junior Port Ambassador program. Port staff may interview, photograph or videotape the students for publication on the Port website, social media, posters, brochures, newsletters, television, radio or at special events. For a child to be involved in this activity, this form must be signed by the student and the parent or legal guardian and returned with the program application. We thank you in advance for your cooperation.

Select one:

I give permission for my child to be interviewed, photographed, recorded or videotaped for use in Port Canaveral publications, social media, productions or otherwise as described above, including use by the general news media for print or broadcast purposes; and for his/her name to be published in Port Canaveral publications and/or websites and in news publications and broadcasts.

I do not give permission for my child to be interviewed, photographed, recorded or videotaped for use in Port Canaveral publications, social media, productions or otherwise as described above, including use by the general news media for print or broadcast purposes; and for his/her name to be published in Port Canaveral publications and/or websites and in news publications and broadcasts.

Parent/Guardian

Student

Signature

Signature

Printed Name

Printed Name

Date

Date



MEDICAL TREATMENT CONSENT FORM

Name: _____

Nickname: _____ Date of Birth: _____

Address: _____ 2 Tc -0.002 Tw 3.24 0 Td [(_____)10 (