

REGISTRATION FORM
WRIGHT-PATTERSON AFB JOB SHADOW DAY
Thursday, 22 October 2026 - 8:30 a.m. - 2:30 p.m.
PLEASE PRINT LEGIBLY
Incomplete and/or illegible forms may not be accepted

STUDENT NAME: _____ GRADE: _____ AGE: _____

SCHOOL: _____

EMAIL ADDRESS: _____ CELL PHONE NUMBER _____

EMERGENCY CONTACT INFO: _____

MEDICAL INFORMATION (allergies, food allergies, emergency condition): _____

JOB SHADOW EXPERIENCE DESIRED: (Please Indicate 1st, 2nd, 3rd, 4th and 5th Choices, list Career Field Number, list attached)

1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____ 5th Choice _____

SCHOOL CONSENT FOR STUDENT TO PARTICIPATE

I hereby grant permission for the student listed above to participate in the Wright-Patterson AFB Job Shadowing Day program **Thursday, 22 October 2026, 8:30 a.m. - 2:30 p.m.**

SCHOOL OFFICIAL NAME (*PRINT*): _____

STUDENT IS U.S CITIZEN:

SCHOOL OFFICIAL SIGNATURE: _____

YES ☐ NO ☐

SCHOOL PHONE: _____

(I verify the student is a U.S. Citizen)

E-MAIL: _____

PARENTAL CONSENT: Statement of Understanding, Hold Harmless Agreement and Photo Release

In consideration of the United States Air Force allowing my child or child under my legal guardianship, to visit Wright-Patterson Air Force Base (WPAFB) for Job Shadowing activities, I, the undersigned, do grant permission to participate and agree to forever hold harmless Wright-Patterson Air Force Base, the United States Air Force, ARCTOS, DCS Corporation, and the United States of America, its members, employees, and agents, whether acting officially or unofficially, from any and all actions, claims, and demands by reason of any damage, loss, or injury (including death) which may be sustained to my child or child under my guardianship, and arising out of, or incidental to participation in the Job Shadow day.

I, the undersigned, also hereby grant permission for the child listed above to appear in a photograph, video or digital imagery that may be taken and used by the WPAFB STEM Outreach Program. I hereby waive any monetary or other rights that I have to inspect and/or approve the finished product of the copy. I understand the student will be riding in a vehicle with an adult who is employed at WPAFB.

Engaged students find the Job Shadow Day experience to be more rewarding. By signing this, I promise to be as engaged as possible.

Student Signature

Guardian Phone Number

Guardian Signature

Date

Guardian Email

Email Form to: Kimberly.Stultz.ctr@us.af.mil.