

## AIR-MODS FLIGHT CENTER AEROCAMP 2017

**Camp Information** 

## **REGISTRATION**

The following pages contain the registration form and all medical paperwork to be filled out. Be sure to fill these out and mail/e-mail/ or bring into the office, with the deposit as soon as possible to hold your child's place. All registrations will be processed on a first come, first serve basis.

## PAYMENT

A \$150 deposit is due at time of registration to hold your place. The tuition balance is due by the first day of camp. Campers will receive a t-shirt, WaterBobble, and logbook at no additional charge.

## **CANCELLATIONS/REFUNDS**

Request for cancellation must be received in writing. No refunds can be given if the request for cancellation is received less than 14 days prior to camp date start. Please allow 2-4 weeks for refunds to be processed.

## **CAMP STAFF**

The staff at Air-Mods Flight Center includes 2-3 instructors with many years of aviation and teaching experience. An Intern may also be available to help with any additional tasks. In addition, one of the two camp directors (Lisa or Ilissa) will be present at all times. We are a family run business and take the care and safety of every child very seriously. Some of our own children will be attending the camp.

## **ADDITIONAL INFORMATION**

Camp is conducted at 106D Sharon Rd. Robbinsville, NJ 08691. Check-in for all camps begins at 8:50am. Campers must be picked up promptly at 3pm. For any additional information, visit the website <u>www.air-mods.com</u> or give us a call at (609)-259-6877

Checks can be made payable to Air-Mods Flight Center and sent to the address above. Fax # (609)-259-1200 Email: airmodsftc@gmail.com

#### **CAMPER INFORMATION**

(Please print or type information below)

First Name	MI_		Last Na	ame
Home Mailing Address				
City	State		Zip	
School			-	
				Gender
AeroCamp: Basic Adva				
How did you hear about Aer	oCamp?			
T-Shirt Size: AXS AS_	AM	AL	AXL	<b>_</b>
Bobble Color: (BI, Bk, Y, Pi,	G, O) Fir	st Choic	e:	
	Secon	d Choice	:	

## PARENT/GUARDIAN INFORMATION

First Name	MI	Last Name			
Home Mailing Address					
City	State	Zip			
Daytime Phone		_ Evening Phone			
Cell Phone					
Anyone authorized to pick up child from camp					
(ID Required)					

## **Camp Information**

Desired Camp Date (see flyer or website for options)

If wishing to pa	iy by mail	or email (make pay	able to Air-Mods Flight Center)	:
Check #		Check Amt \$		
CC: Visa	_ MC	Discover	AMEX	
CC#		Exp	CC Amt \$	
SIGNATURE:		-		

#### AeroCamp Code Of Conduct

Camps are designed for the enjoyment and benefit for all campers involved. With this as the objective, we anticipate that no camper is here who does not want to be here. Should any disciplinary problems occur, we will contact the parent/guardian to come pick up the camper. Please read and sign the AeroCamp code of conduct.

1. Please keep hands and feet to yourself

- 2. Respect other campers, instructors, employees and property.
- 3. Please do NOT bring any items of value to camp, or any of the following items: iPods, hand held video games, chewing gum, or any other distracting items. Cell phones must be kept away at all times of camp and may be used in emergencies and at lunch, or to take pictures if necessary.

Physical aggression, continued disrespect, or continued disruption of camp activities with result in the following: Being sent home immediately. No refunds will be given to campers who are sent home and may not be eligible for future camps.

# I have read and understand the AeroCamp Code of Conduct and agree to its terms.

Signature of Parent/Guardian	Date	Campe	r Signature	Date
MEDICAL	. INFORMATION	N AND REL	EASE	
MINO	r-Mods Flight Ce R OR ADULT P e complete in blu	ARTICIPAN	IT <sup>`</sup>	
Name				
Last	First			MI
Address		City	State	Zip
Date of Birth		Jity	Glate	Σip
mm/dd/yyyy				
Health Insurance Carrier:				
Policy Number:	G	oup Numbe	er:	
Personal Physician:				
Physician Address:				
Street		City	State	Zip
Physician Phone Number:				•
PARENT, LEGAL GUARDIAN, TO AUTHORIZE MEDICA		TO PARTI	CIPANT IN CA	
	GENCY, PLEAS	SE CONTAC	CT:	
EMER	Re	lation:		
EMER®	Re	lation:		
EMER Name: Address:	Re	lation:	State	Zip

List any chronic or acute or any other relevant medical problems and explain:

List any allergies to pollen, food, medicine or animals:	
List any medications presently being taken:	
I acknowledge that the participants immunizations are current:	yes no
I or my child or dependent plan to attend Air-Mods Flight AeroCamp, hereinafter referred to as "camp". In case of accide permission to receive medical treatment as deemed appropriat responsibility for any medical billing.	ent or illness, I give
Adult Participant or Parent/Legal Guardian Signature	Date
Please Print Camper Participant's Name:	