



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 www.air-mods.com 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 Name _____

Home Mailing Address _____

City _____ State _____ Zip _____

School _____ Date of Birth _____

Grade (Fall 2011) _____ Age _____ Gender _____

AeroCamp: Basic ___ Advanced ___ Pilot Prep ___ Add'l Solo Prep ___

How did you hear about AeroCamp? _____

T-Shirt Size: AXS ___ AS ___ AM ___ AL ___ AXL ___

Bobble Color: (Bl, Bk, Y, Pi, G, O) First Choice: _____

Second Choice: _____

PARENT/GUARDIAN INFORMATION

First Name _____ MI _____ Last Name _____

Home Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email _____

Anyone authorized to pick up child from camp _____

(ID Required) _____

Camp Information

Desired Camp Date (see flyer or website for options) _____

If wishing to pay by mail or email (make payable 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

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 Center AeroCamp, hereinafter referred to as "camp". In case of accident or illness, I give permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical billing.

Adult Participant or Parent/Legal Guardian Signature

Date

Please Print Camper Participant's Name: _____

If Minor, Please Print Parent's Name: _____