

AIR-MODS FLIGHT CENTER AEROCAMP 2018

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 and logbook at no additional charge. Lunch will also be included in the cost of camp. As the camp date approaches, we will send out a tentative schedule that will include a list of the meals provide.

Basic Camp: \$625 Advanced Camp: \$825

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 camp directors 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)

Home Mailing Add	dress					
City	State _	Zip				
Home Mailing Address StateZip School Date of Birth						
Grade (Fall 2018)		Age	Gender			
AeroCamp: Basic	:Advanced_					
How did you hear	about AeroCamp?					
T-Shirt Size: AXS	about AeroCamp? sASAM	_ALAXL	_			
	PARENT/GU	ARDIAN INFORM	ATION			
First Name	MI	Last Name_				
Home Mailing Add	dress					
City	State_Zip					
Daytime Phone		Evening Phone				
Cell Phone		IIIaII	_			
Anyone authorized	d to pick up child from	n camp (ID Require	ed)			
	САМР	INFORMATION				
Desired Camp Da	te (see flyer or websi	te for options)				
If wishing to pay b	y mail or email (make	e payable to Air-Mo	ods Flight Center):			
Check #	Check Amo	unt \$				
CC: Visa Me	CDiscover_	AMEX				
CC#	Exp	oCC	Amount \$			
	SIC	GNATURE:				

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.

Signature of Parent/Guardian	Date	Camp	er Signat	ure	Date
MEDICAL	INFORMATIO	ON AND RE	LEASE		
MINOF	-Mods Flight (R OR ADULT complete in b	PARTICIPA	NT .		
Name					
Last	First			MI	
Address Street		City	State		Zip
Date of Birth		Oity	Olato		Σip
mm/dd/yyyy					
Health Insurance Carrier:					
Policy Number:		roup Numb	er:		
Personal Physician:					
Physician Address:				_	
Street		City		State	Zip
Physician Phone Number:		,			
PARENT, LEGAL GUARDIAN, O TO AUTHORIZE MEDICA EMERO		NT TO PAR	TICIPAN		
Name:	R	elation:			
Address:					
Street		City	State	Zip	
Phone: Home: \	Work:		Cell:		

List any chronic or acute or any other relevant medical problems	s and explain:
List any allergies to pollen, food, medicine or animals:	
List any medications presently being taken:	
I acknowledge that the participant's immunizations are current:_	yesno
I or my child or dependent plan to attend Air-Mods Fl AeroCamp, hereinafter referred to as "camp". In case of ac permission to receive medical treatment as deemed appropresponsibility for any medical billing.	cident or illness, I give
Adult Participant or Parent/Legal Guardian Signature	Date
Please Print Camper Participant's Name:	