



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)

First Name _____ MI _____ Last Name _____
Home Mailing Address _____
City _____ State _____ Zip _____
School _____ Date of Birth _____
Grade (Fall 2018) _____ Age _____ Gender _____
AeroCamp: Basic _____ Advanced _____

How did you hear about AeroCamp? _____
T-Shirt Size: AXS _____ AS _____ AM _____ AL _____ AXL _____

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 Amount \$ _____
CC: Visa _____ MC _____ Discover _____ AMEX _____
CC# _____ Exp. _____ CC Amount \$ _____
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 participant's 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: _____