



AIR-MODS FLIGHT CENTER AEROCAMP 2019

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, email or bring them 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.

Basic Camp (July 8-12): \$625

Advanced Camp (July 15-19): \$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 3-4 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.

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 Address _____

City _____ State _____ Zip _____

School _____ Date of Birth _____

Grade (Fall 2019) _____ Age _____ Gender _____

AeroCamp: Basic Advanced

How did you hear about AeroCamp? _____

T-Shirt Size: Small Medium Large X-Large

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 M/C 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
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

Camper Signature

Date

MEDICAL INFORMATION AND RELEASE

2019 Air-Mods Flight Center AeroCamp
MINOR OR ADULT PARTICIPANT
(please complete in blue or black ink)

Name _____
Last First MI

Address _____
Street City State Zip

Date of Birth _____
mm/dd/yyyy

Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Personal Physician: _____

Physician Address: _____

Physician Phone Number: _____

**PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL
AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE
OF EMERGENCY, PLEASE CONTACT:**

Name: _____ Relation: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

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:

Name of Camper/Participant: _____

Parent of Minor's Name: _____