

## REGISTRATION

The following pages contain the registration form and all medical paperwork to be completed. **Please email** to reserve a space <u>prior</u> to submitting registration forms. Mail or e-mail with the full camp payment. All camp spaces will be reserved on a first come, first serve basis and camp is space limited to 8 cadets. Spaces are not confirmed until payment is received. For questions, email Kellsey Ashe or Kenneth Davies at kellsey.cascade@gmail.com or kenneth.cascade@gmail.com.

#### **PAYMENT**

**Camp payment** is <u>due in full upon registration</u>, which includes a \$100 nonrefundable booking fee. No student will be confirmed a space in an AeroCamp session until full payment and ALL release forms are completed in full. One ADULT sized AeroCamp tee shirt, paper logbook and a 6 month subscription to AOPA, Flight Training Magazine are included in the camp fees.

#### **CANCELLATIONS/REFUNDS**

Request for cancellation must be received in writing. Full refund, less the nonrefundable booking fee of \$100 and the price of any flight voucher used, will be refunded if requested more than 60 days prior to camp start date. A refund of 50% (less booking fee and flight voucher used) will be refunded if canceled a minimum of 30 days prior to camp start. A refund of 25% (less booking fee and flight voucher used) will be given if requested more than 2 weeks prior to camp start date. No refund will be given if the request for cancellation for camp and/or optional flight day is received less than 14 days prior to camp date start. Please allow one week for refunds to be processed. Failure to show up for camp will result in a forfeit of all fees paid. Missed days due to illness or personal reasons will not be made up. A camp insurance policy may be purchased for \$100 which will permit a full refund (less nonrefundable booking fee and flight voucher used) at any time, prior to the start of camp IF cancellation is for Health related reasons affecting camper or immediate family member. (A doctor's note may be requested)

### **CAMP STAFF**

The staff at Mid Island Flight School includes FAA certified flight instructors with many years of aviation and teaching experience. Classes, flight simulator time and tours will be supervised by one of our flight school managers. Management will be present during all hours of Aero Camp to ensure the absolute safety of every Aero Camp participant.



# **CADET INFORMATION** (Please print or type information)

First Name	Last Name	
Home Mailing Address		
City	State	Zip
Date of Birth:/ School:		Age Gender
Grade complete by end of June  If a Scout, do you wish to pursue the Aviatio	Name to appear on Name Tag on Merit Badge?	
*Requested Tee shirt size will only be gi	M L XL 2XL uaranteed if registration is received at lea our inventory for late enrollees. One tee s ased on inventory.	ast 60 days prior to camp start. We
Citizenship (Sor	ne FAA facility visits require proof of US	citizenship)
Do you have a passportraised s	eal birth certificate if needed for t	tours? Please check one
	Website Print Ad Roadside S Referral (Name:)	<del></del>
PARENT/GUARDIAN INFORMATION		
	_MILast Name	
Cell Phone	Email	
Anyone authorized to pick up child from car	np other than parent: (ID Required)	
Name:	Relationship:	
Name:	Relationship:	
Name:	Relationship:	



# Payment Options: see website posting for pricing and dates

Desired Camp Date	e: 1st Choice:	2 <sup>nd</sup>	Choice: _			-	
Check #	Check Amt \$	CC:	Visa	_MC	AMEX		
CC#		Exp		_ Sec (	Code	CC Amt \$	
Add Camp Cancellat vouchers used.	ion Insurance Policy: <u>\$10</u>	<u>0</u> Yes No (d	circle one)	*covers fo	or health reaso	ns only, less \$100 booking fee	and flig
Name on CC:						(Print)	
SIGNATURE:							
to confirm there is maximum of 8 cai	out to Casacade Aviation) s a space reserved for mpers.	your child in	the camp	desire	d. All car		forms
					_		
Policy Holder Nar	ne:						
Health Insurance	Carrier:						
Policy Number:			Group N	umber:			
Personal Physicia	ın:						
Physician Addres	s:						
	Street						
City			State		Zip		
Physician Phone	Number:						



## **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 cadet is here who does not wish to be here. Should any disciplinary problems occur, we will contact the parent/guardian to come pick up the cadet. 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 turned off during camp sessions, but may be used during breaks or lunch. Cell phones may be used as cameras. We ask that photos are taken of aircraft only as some parents do not want their children on social media.
- 4. In case of emergency, parents can reach students through our flight desk at 631 588-5400 at any time during the camp hours.
- 5. Cadets should wear a clean Tee-shirt so they can put their AeroCamp shirt over it. This way it will stay clean and can be worn all week.
- 6. Cadets must understand that due to weather and facility availability the schedule is subject to modification
- 7. Cadets must respect the aircraft they may be permitted to tour. Shoes will be removed, so please wear socks. Do not touch anything unless you ask permission.
- 8. Due to Covid restrictions, temperatures will be taken daily, masks will be worn by all and social distancing will be mandatory as per CDC and WA, DOH guidelines. Aircraft and headsets will be disinfected prior to each flight.

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

I have read and understand the AeroCamp Code of Conduct and we both agree to its terms.					
Signature of Parent/Guardian	 Date	Cadet Signature			



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

Name:	R6	elationship:		
Address:				
Street		City	State	Zip
Cell:	Home: _			
_ist any chronic or acute	or any other relevant medi	ical issues and e	explain:	
ist any allergies to polle	n, food or medicine:			
	ings/food) require the ca	adet to carry a	n epi-pen, staff	must be advised.
If any allergies (bee str	ings/food) require the ca			
If any allergies (bee str List any medications that My child or dependent p illness, I give permission	· · · · · · · · · · · · · · · · · · ·	np session:	t School AeroCa	ımp. In case of accid
If any allergies (bee str List any medications that My child or dependent p illness, I give permission responsibility for any medical billing.	must be taken during cam plans to attend Cascade n to receive medical trea	np session:	t School AeroCa	ımp. In case of accid
If any allergies (bee str List any medications that My child or dependent pillness, I give permission responsibility for any medical billing.	must be taken during cam plans to attend Cascade n to receive medical trea	Aviation Flight	t School AeroCa ned appropriate.	ımp. In case of accid



Name of Participant:		
Name of Parent/Legal Guar	dian:	
create derivative works of fligh activities of the school or for p right to publish such images ir marketing and admissions pub images may appear in any of t	grant Cascade Aviation LLC, the right to reproduce, use, exhibit, display, broad t school related photographs or videotaped images of Participant for use in coromoting, publicizing or explaining the school or its activities. This grant include the school's newsletter, on their websites and public relations/promotional materials, advertisements, fund-raising materials and any other school related the wide variety of formats and media now available to the school and that materials, print, broadcast, videotape, CD-ROM, and electronic/online media.	onnection with the les, without limitation, the aterials, such as publications., These
_	ill NOT be made public if "NO FB post" is initialed below. One camp group pholy's face to be blurred for this photo, please initial	oto will be shared with
All photos taken are without cowned by the school.	ompensation to the participant. All electronic or non-electronic negatives, posit (yes)(no) (please initial)	ives, and prints are
Facebook Post	(yes)(no)	
(ye	s) (no)	
I give permission for my c Aero Camp activities.	nild to fly in a general aviation aircraft approved by Cascade Aviation (yes) (no)	n, Inc specifically for
	Aviation cannot be held responsible if a child becomes ill due to corber of our staff (all reasonable precautions will be made to prevent	
List two emergency contac	ts:	
Name	Relationship	
Address		
Phone		
Name	Relationship	
Address		
Phone		
Parent/Legal Guardian Sig	nature Date	

