



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 them in 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. (10 student slots for each Basic & Advanced Session).

FEES/PAYMENT

Camp fees are for one week: Monday thru Friday. Basic Camp with actual flight \$515/week, and Advanced Camp with actual flight \$615/week.

A \$100 deposit is due when returning the registration forms. The tuition balance is due one week before the first day of camp. Campers will receive an AeroCamp T-shirt and Pilot Log book at no additional cost.

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 Double Eagle Aviation includes 2-3 instructors with many years of aviation and teaching experience. In addition, there is the AeroCamp director, Jim White who will be present at all times as well the owner, Tim Amalong. We take our business and the care and safety of every child very seriously.

ADDITIONAL INFORMATION

Camp is conducted at:

Double Eagle Aviation
6961 S. Apron Dr.,
Tucson, AZ 85756

Check-in for all camps begins at 8:45am. Campers must be picked up promptly at 4:00 pm.

For any additional information, visit the website www.2-eagle.com, or give us a call at 520-294-8214 Fax # 520-573-1805

Checks can be made payable to Double Eagle Aviation and sent to the address above.

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 ___ Solo ___
AeroCamp Date: June 18-22, 2018 _____ July 16-20, 2018 _____
How did you hear about AeroCamp? _____
T-Shirt Size: XS ___ S ___ M ___ L ___ XL ___

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) _____

Payment

If wishing to pay by mail or email Double Eagle Aviation.

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
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 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
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MEDICAL INFORMATION AND RELEASE

Double Eagle Aviation

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: _____
Street City State Zip

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: _____
Street City State Zip

Phone: _____
Home: _____ Work: _____ Cell: _____

List any chronic or acute or any other relevant medical problems and explain:

List any allergies to pollen, food or medicine: _____

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 Double Eagle Aviation's. 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: _____