



AeroCampSM Enrollment Forms

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).

PAYMENT

A \$100 deposit is required to hold a camper's reservation. The tuition balance is due by the first day of camp. Campers will receive a t-shirt, water bottle, and logbook at no additional charge.

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 Arizona Aero-Tech includes 2-3 instructors with many years of aviation and teaching experience. In addition, there will be an AeroCamp director, Jim White. One of the camp directors 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 Arizona Aero-Tech 6400 S Aviator Ln. Tucson, AZ 85735. Check-in for all camps begins at 7:00am. Campers must be picked up promptly at 3:00pm. For any additional information, visit the website <http://www.doubleeagleaviation.com/aerocamp/> or give us a call at 520-294-8214

Checks can be made payable to Arizona Aero-Tech and sent to the address above. Fax # 520-842-3345

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 2023) _____ Age _____ Gender _____
AeroCamp: Basic ___ Advanced ___ Solo ___
How did you hear about AeroCamp? _____
T-Shirt Size: YM ___ YL ___ YXL ___ S ___ M ___ L ___ XL ___
Desired Camp Date: _ June 17-21, 2024 _____

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 (make payable to Arizona Aero-Tech.)

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, handheld 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 will 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

Date

Camper Signature

MEDICAL INFORMATION AND RELEASE

Arizona Aero-Tech. 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 participants immunizations are current: _____yes _____no

I or my child or dependent plan to attend Arizona Aero-Tech 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: _____