



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. We do have a limited number of spots available. Camp is open to 12-16 year olds and will be held **June 16th – June 20th, 2025.**

PAYMENT

A \$100 deposit is required to hold a camper's reservation. The rest of the tuition balance is due by **June 2nd, 2025.** Campers will receive a t-shirt and logbook at no additional charge. You can pay by card, cash, check, or zelle. See 'payment' section on page 2 for more details.

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, Ashley Roberts. Either the camp director or an instructor 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

Lunch will not be provided. Please send lunch with your child. When we go to Pima Air & Space Museum, we will eat at the restaurant on site. Please send money for your child that day. We will also offer pizza one day for no additional cost. Parents will be reminded the day before. We will also list this on the schedule.

Camp is conducted at Arizona Aero-Tech 6400 S Aviator Ln. Tucson, AZ 85735. Campers must be picked up promptly at pickup time. Pickup times can vary. Check the schedule for times. For any additional information, visit the website <http://www.arizonaaerotech.com/aerocamp/> or give us a call at 520-294-1551.

CAMPER INFORMATION
(Please print or type information below)

First Name _____ Middle Initial _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____
Date of Birth _____
Grade (Fall 2025) _____ Age _____ Gender _____
AeroCamp: Basic ____ Advanced ____
How did you hear about AeroCamp? _____
T-Shirt Size: XS__ S__ M__ L__ XL__ 2XL__
Camp Dates: **June 16th-20th, 2025**

PARENT/GUARDIAN INFORMATION

First Name _____ Middle Initial _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
Cell Phone _____ Email _____
Please list anyone authorized to pick up your child from camp (ID Required): _____

Payment

If you would like to pay by check, please make payable to Arizona Aero-Tech.

Zelle: Tim@arizonaaerotech.com Name: Tim Amalong (The name of our LLC, "New Mexico Flying Eagle" will pop up.)

Check # _____ **Check Amount \$** _____

CC: Visa _____ Mastercard _____ Discover _____ AMEX _____
CC# _____ **Expiration Date:** _____ **CVC** _____
Zip code for card _____ **CC Amount \$** _____

SIGNATURE: _____

****There is a 3.75% credit card processing fee. If you would like to avoid this, you can pay by cash, check, or zelle. If you choose to send money via zelle, *please call us to let us know.*****

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: _____