



## AeroCamp<sup>SM</sup> 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 and 4 student slots for Solo Session).

#### **PAYMENT**

A \$150 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 Aerotex Aviation includes 2-3 instructors with many years of aviation and teaching experience. In addition, there will be an AeroCamp director, and an assistant director. One of the two camp directors will be present at all times as well the owner. We take our business and the care and safety of every child very seriously.

#### **ADDITIONAL INFORMATION**

Camp is conducted at Odessa-Schlemeyer Field Airport. 7000 Andrews Hwy. Odessa, TX 79765. Check-in for all camps begins at 8:45am. Campers must be picked up promptly at 3:00pm. For any additional information, visit the website [www.aerotexaviation.com](http://www.aerotexaviation.com) or give us a call at 432-363-4816.

Checks can be made payable to **Aerotex Aviation**, and sent to the address above.

If you would like to sponsor a student for camp, please indicate on Camper Information page.

## 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 2012) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
AeroCamp: Basic \_\_\_ Advanced \_\_\_ Solo \_\_\_  
How did you hear about AeroCamp? \_\_\_\_\_  
T-Shirt Size: M \_\_\_ L \_\_\_ XL \_\_\_  
Desired Camp Date (see flyer or website for options) \_\_\_\_\_

## 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) \_\_\_\_\_

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## Payment

If wishing to pay by mail or email (make payable to \_\_\_\_\_.)  
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 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	Date	Camper Signature

**MEDICAL INFORMATION AND RELEASE**

Aerotex Aviation, LLC. 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 \_\_\_\_\_ Inc. 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: \_\_\_\_\_