



5325 Johnny Reaver Rd #104, Panama City, FL 32409

(850) 814-6407 www.islandairexpress.com/summercamp

AeroCampSM Enrollment Forms

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) _____

Payment

Check # _____ Check Amt \$ _____

CC: Visa _____ MC _____ Discover _____ AMEX _____

CC# _____ Exp. _____ CC Amt \$ _____

SIGNATURE: _____



5325 Johnny Reaver Rd #104, Panama City, FL 32409 (850) 814-6407 www.islandairexpress.com/summercamp

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



5325 Johnny Reaver Rd #104, Panama City, FL 32409

(850) 814-6407 www.islandairexpress.com/summercamp

MEDICAL INFORMATION AND RELEASE
Island Air Express, LLC. And 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: _____