



MID ISLAND FLIGHT SCHOOL

SINCE 1946 - A DIVISION OF MID ISLAND AIR SERVICE, INC.

AeroCamp Information

REGISTRATION

The following pages contain the registration form and all medical paperwork to be completed. Fill out and mail/e-mail/ or bring them in with the deposit as soon as possible to reserve a place for your child, hereby referred to as an AeroCamp cadet. All registrations will be processed on a first come, first serve basis and camp is space limited. For questions, email: gail@midislandair.com

PAYMENT

Camp payment is due in full upon registration, which includes a \$100 nonrefundable booking fee.

No student will be permitted to attend an AeroCamp session until full payment and all release forms are submitted. An AeroCamp tee shirt, logbook and 6 month subscription to AOPA, Flight Training Magazine are included in the camp fees.

Optional Flight Day: a deposit of \$100 is due to reserve a place on the optional flight day and full payment is due two weeks prior to camp start date.

CANCELLATIONS/REFUNDS

Request for cancellation must be received in writing. Full refund, less the nonrefundable booking fee of \$100, will be refunded if requested more than 60 days prior to camp start date. A refund of 50% (less booking fee) will be refunded if canceled a minimum of 30 days prior to camp start. A refund of 25% (less booking fee) will be given if requested more than 2 weeks prior to camp start date. No refund will be given if the request for cancellation for camp and/or optional flight day is received less than 14 days prior to camp date start. Please allow one week for refunds to be processed. Failure to show up for camp will result in a forfeit of all fees paid.

CAMP STAFF

The staff at Mid Island Flight School includes FAA certified flight instructors with many years of aviation and teaching experience. Classes, flight simulator time and tours will be supervised by one of our flight school managers. Management will be present during all hours of Aero Camp to insure the absolute safety of every Aero Camp participant. All advisors have had a background check.

ADDITIONAL INFORMATION

AeroCamp is conducted at our LI MacArthur location at 101 Hering Drive, Ronkonkoma, and at times due to equipment needs, at Brookhaven Airport (139 Dawn Dr, Shirley). Check-in for all camps begins at 8:45am. AeroCamp Cadets must be picked up promptly at 3. Water, juices, and snacks will be provided each day and a pizza lunch will be provided on Friday. Cadets will be responsible to bring a bag lunch on the other four days. Please wear closed shoes, laces must be tied at all times.





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CADET INFORMATION (Please print or type information below)

First Name _____ MI _____ Last Name _____

Home Mailing Address _____

City _____ State _____ Zip _____

School _____ Date of Birth: mm/dd/yyyy ____/____/____

Grade complete by summer _____ Age _____ Gender _____

AeroCamp Bravo (grades 6-8) _____ **AeroCamp Alpha** (grades 9-12) _____

Cadet Weight: _____ (Weight & Balance Purposes) Adult T-Shirt Size: S ___ M ___ L ___ XL ___

Citizenship _____

How did you hear about AeroCamp? (circle)

Website ___ Print Ad ___ Roadside Sign ___ Flyer ___ FB ___ Returning Camper ___

Other: _____ Friend (name) _____

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 other than parent: (ID Required)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Camp Information

Desired Camp Date (see website for options) _____

Payment Options:

L.I. MacArthur Airport: 101 Hering Drive • Ronkonkoma • NY 11779 • phone: 631.588.5400 • fax: 631.588.5799

Brookhaven Airport: 139 Dawn Drive Shirley • NY 11967 • phone: 631 281-5400 • fax: 631 281-5473

learn2fly@midislandair.com • www.midislandair.com





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Check # _____ Check Amt \$ _____

CC: Visa _____ MC _____ Discover _____ AMEX _____

CC# _____ Exp. _____ Sec Code _____ CC Amt \$ _____

Name on CC: _____

SIGNATURE: _____

Mail Check (made out to Mid Island Air Service) with Registration Form to:
101 Hering Drive, Ronkonkoma, NY 11779

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 cadet is here who does not wish to be here. Should any disciplinary problems occur, we will contact the parent/guardian to come pick up the cadet. 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 turned off during camp sessions, but may be used during breaks or lunch. Cell phones may be used as cameras.
4. In case of emergency, parents can reach students through our flight desk at 631 588-5400 at any time during the camp hours.
5. Cadets should wear a clean Tee-shirt so they can put their AeroCamp shirt over it. This way it will stay clean and can be worn all week.
6. Cadets must understand that due to weather and facility availability the schedule is subject to modification
7. Cadets must respect the aircraft they may be permitted to tour. Shoes will be removed, so please wear socks. Do not touch anything unless you ask permission.

Physical aggression, continued disrespect, or continued disruption of camp activities will result in the camper 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 we both agree to its terms.

Signature of Parent/Guardian

Date

Cadet Signature

MEDICAL INFORMATION AND RELEASE

Mid Island Flight School AeroCamp
MINOR OR ADULT PARTICIPANT
(please print clearly and complete in blue or black ink)





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Name _____

Last

First

Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Personal Physician: _____

Physician Address: _____

Street

City

State

Zip

Physician Phone Number: _____





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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

Home Phone: _____ Work: _____ Cell: _____

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

List any allergies to pollen, food or medicine:

If allergic to bee stings, an epi-pen must be in the cadet's possession, and staff must be advised.

List any medications that must be taken during camp session: _____

My child or dependent plans to attend Mid Island Flight School AeroCamp. 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 Cadet (Participant's) Name: _____

If Minor, Please Print Parent's Name:



Aero Camp Permission Form



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Name of Participant: _____

Name of Parent/Legal Guardian: _____

PARTICIPANT AND I hereby grant Mid Island Air Service, Inc., the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of flight school related photographs or videotaped images of Participant for use in connection with the activities of the school or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the school's newsletter, on their websites and public relations/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other school related publications., These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to, print, broadcast, videotape, CD-ROM, and electronic/online media. All photos taken are without compensation to the participant. All electronic or non-electronic negatives, positives, and prints are owned by the school.

_____ (yes) _____ (no) (please initial)

MIFS Facebook Post _____ (yes) _____ (no)

I give permission for my child to ride in the vehicles designated by Mid Island Air Service, Inc for any trips associated with MIFS Aero Camp. _____ (yes) _____ (no)

I give permission for my child to fly in a general aviation aircraft approved by Mid Island Air Service, Inc specifically for Aero Camp activities. _____ (yes) _____ (no)

List two emergency contacts:

Name _____ Relationship _____

Address _____

Phone (h) _____ (c) _____ (w) _____

Name _____ Relationship _____

Address _____

Phone (h) _____ (c) _____ (w) _____

Parent/Legal Guardian Signature

Date

Optional Sixth Day of Camp - Flight Day:

Aero Camp: You asked for MORE flight time!





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We are offering an opportunity for even more flight time. Add a day to Bravo Camp which includes a full "Cross-Country" flight lesson. Cadets will conduct an aircraft preflight and receive flight planning instruction followed by an exciting flight experience to CT for \$250. The optional Alpha Camp for \$375 is also a full "Cross-Country" flight lesson to a further destination. Date and Destination is predicated on weather. Minimum of 2 cadets required per plane for Alpha and 3 for Bravo flight.

Cadet: _____

Optional Bravo Flight Day: _____

Optional Alpha Flight Day: _____

\$100 Deposit required, full payment due two weeks prior to camp start date.

Payment Options:

Check # _____ Check Amt \$ _____

CC: Visa _____ MC _____ Discover _____ AMEX _____

CC# _____ Exp. _____ Sec Code _____ CC Amt \$ _____

Name on CC: _____

SIGNATURE: _____

Mail Check (made out to Mid Island Air Service) with Registration Form to:

101 Hering Drive, Ronkonkoma, NY 11779

