



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. **Please email to reserve a space prior to submitting registration forms.** Mail or e-mail with the full camp payment. All camp spaces will be reserved on a first come, first serve basis and camp space is limited to 12 cadets per week. Spaces are not confirmed until payment is received. For questions, email John Macchia and Jade Hartcorn at aerocamp@midislandair.com

PAYMENT

Camp payment is due in full upon registration, which includes a \$100 nonrefundable booking fee. No student will be confirmed a space in an AeroCamp session until full payment and ALL release forms are completed in full. One ADULT sized AeroCamp tee shirt, paper logbook and a 6 month subscription to AOPA, Flight Training Magazine are included in the camp fees.

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. Missed days due to illness or personal reasons will not be made up. A camp insurance policy may be purchased for \$200 which will permit a full refund (less nonrefundable booking fee) at any time, prior to the start of camp **IF cancellation is for COVID related reasons affecting camper or immediate family member.** (A doctor's note will be required)

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 ensure 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 or staffing 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 3pm. 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)

First Name _____ Last Name _____

Home Mailing Address _____

City _____ State _____ Zip _____

Date of Birth: ___/___/___ School: _____ Age ___ Gender ___

Grade complete by end of June _____ **Name to appear on Name Tag** _____

If a Scout, do you wish to pursue the Aviation Merit Badge? _____

Cadet Weight: _____ **Accurate weight is necessary, please do not estimate.** If over 200 lbs, there will be a \$50 surcharge (weights may require a larger or additional plane to accommodate their flight).

THERE IS A MAXIMUM OF 250 lbs FOR CAMP ATTENDANCE.

ADULT Tee Size & Quantity: S _____ M _____ L _____ XL _____ 2XL _____ Additional Tee shirts \$20 each* *Requested Tee shirt size will only be guaranteed if registration is received at least one month prior to camp start. We reserve the right to substitute sizes per our inventory for late enrollees. One tee shirt is included with registration. Additional shirts will only be available based on inventory.

Citizenship _____ (Some FAA facility visits require proof of US citizenship)

Do you have a passport _____ raised seal birth certificate _____ if needed for tours? Please check one

How did you hear about AeroCamp? MIAS Website ___ Print Ad ___ Roadside Sign ___ FB _____

Returning Camper ___ Other: _____ Referral (Name:) _____

PARENT/GUARDIAN INFORMATION

First Name _____ MI _____ Last Name _____

Cell Phone _____ Email _____

Anyone authorized to pick up child from camp other than parent: (ID Required)

Name: _____ Relationship/Phone Number: _____

Name: _____ Relationship/Phone Number: _____

Name: _____ Relationship/Phone Number: _____



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Payment Options: see website posting for pricing and dates

Desired Camp Date: _____

Check # _____ Check Amt \$ _____ CC: Visa _____ MC _____ AMEX _____

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

Add Camp Cancellation Insurance Policy : \$200 Yes No (circle one) *covers for COVID reasons only, less \$100 booking fee

Name on CC: _____ (Print)

SIGNATURE: _____

Mail Check (made out to Mid Island Air Service) with Registration Form to: **101 Hering Drive, Ronkonkoma, NY 11779**
Please contact us before mailing payment and registration forms to confirm there is a space reserved for your child in the camp desired. All camps are limited to a maximum of 12 campers.

MEDICAL INFORMATION AND RELEASE (Please print clearly)

Cadet Name _____

Policy Holder Name: _____

Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Personal Physician: _____

Physician Address: _____

Street

City

State

Zip

Physician Phone Number: _____



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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. We ask that photos are taken of aircraft only as some parents do not want their children on social media. Please keep in mind teachers/staff reserve the right to confiscate their phone away during any time.
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.
8. Due to Covid concerns, please monitor you and your child for symptoms and take precautionary actions. Aircraft, headsets and classrooms will be disinfected daily.

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 camper 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



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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: _____ Relationship: _____

Address: _____
Street City State Zip

Cell: _____ Home: _____

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

List any allergies to pollen, food or medicine:

If any allergies (bee stings/food) require the cadet to carry an epi-pen, 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:



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Aero Camp Permission Form

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.

Photos shown at graduation will NOT be made public if "NO FB post" is initialed below. One camp group photo will be shared with parents – if you wish your child's face to be blurred for this photo, please initial _____.

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)

MIAS Facebook/Website 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 MIAS 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)

I understand that Mid Island Air cannot be held responsible if a child becomes ill due to contact with another camp child, parent or member of our staff (all reasonable precautions will be made to prevent exposure)

List two emergency contacts:

Name _____ Relationship _____

Address _____

Phone _____

Name _____ Relationship _____

Address _____

Phone _____