



**Skybound Aviation  
AeroCamp 2011  
REGISTRATION INFORMATION**



**We appreciate your inquiry and hope to be a part of your child’s summer activities.**

This year we are offering a wonderful new program: an Aviation Camp for your child! The enclosed flyer has specific information and camp dates. Additional information is also available on our website: [www.skybnd.com](http://www.skybnd.com)

**REGISTRATION**

Attached is a registration form. Return the completed forms with deposit as soon as possible. Camps are limited in size; therefore, registration applications will be processed on a first come, first served basis.

**FEES/PAYMENT**

Camp fees are for one week: Monday thru Friday. Basic Camp without actual flight \$495/week, Basic Camp with actual flight \$600/week, Advanced Camp without actual flight \$495/week, and Advanced Camp with actual flight \$720/week

A \$100 deposit is due when returning the registration forms. The tuition balance is due one week before the first day of camp. Campers will receive an AeroCamp T-shirt and Pilot Log book at no additional cost.

**CANCELLATIONS/ REFUNDS**

Request for cancellation must be received in writing or via email. No refunds will be granted if cancellation requests are not received 7-days prior to the camp session start date. Fifty percent of all Deposits are not refundable. Please allow approximately 15 days for refunds to be processed.

**CAMP VIABILITY**

Just as each camp has a maximum number of campers that may be admitted in a particular camp session, there also exists a minimum number to justify having a camp. If we do not have enough registrants two weeks prior to the session start date, we will cancel that session. Should this occur, we would contact each registrant and offer a session that most closely meets your needs. If we are forced to cancel a session and you are unable to reschedule for a later camp session, all your money will be refunded.

**CAMP ADMINISTRATION**

Camps will be conducted at Skybound Aviation. We are located at DeKalb Peachtree Airport, 2000 Airport Road, Suite 125, Atlanta, GA 30341 678-691-3283.

Camp hours are 9:00 am to 4:00 pm. There is early drop off starting at 7:30 am and late pick up ending at 6:00 pm. Early drop off and/or late pick up is available at an additional fee of \$40 per week.

Beverage will be provided by AeroCamp; however, Campers will need to bring their lunch.

**CAMP STAFF**

The camp staff at Skybound Aviation AeroCamp 2011 includes 2 FAA certified flight instructors with many years of aviation experience, teaching, and facilitating youth group activities. Both staff members have taken a Youth protection course and are involved in various community organizations.

**ADDITIONAL INFORMATION**

Should you need additional information, please call (678) 691–3283. Our web address is [www.skybnd.com](http://www.skybnd.com).

Please send your registration and remittance to:  
Skybound Aviation  
2000 Airport Road Ste 125  
Atlanta, GA 30341  
Make checks payable to:  
Skybound Aviation  
FAX: (678) 691-3472

For Business Office Use ONLY:
A: _____
T: _____
Ck: _____
Rec: _____

**CAMPER INFORMATION**

(Please print or type information below.)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade: \_\_\_\_\_ (Fall '11) Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

How did you find out about our AeroCamp? \_\_\_\_\_

Please mark the appropriate T-shirt size: \_\_\_ Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large  
\_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large

**PARENT/GUARDIAN INFORMATION**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**CAMP INFORMATION**

Desired Camp and Date: \_\_\_\_\_

(See flyer or website for date and time of camps.)

**METHOD OF PAYMENT**

Check #: \_\_\_\_\_ (Make check payable to Skybound Aviation)

Credit Card: VISA \_\_\_ Master Card \_\_\_ AMEX \_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**AEROCAMP CODE OF CONDUCT**

Camps are designed for the enjoyment and benefit of all campers enrolled. With that 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 pick up their camper. Please read and sign the AeroCamp Code of Conduct.

1. Please keep hands and feet to yourself.
2. RESPECT other campers, instructors, and all property.
3. Please do not bring the following items to camp: (cell phones, toys, electronics -i.e., iPods, hand-held video games, etc.), or chewing gum.
4. 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.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Signature of Camper    Date

**MEDICAL INFORMATION AND RELEASE**

SKYBOUND AVAIATION AEROCAMP  
MINOR OR ADULT PARTICIPANT  
(PLEASE COMPLETE FORM IN BLUE OR BLACK INK)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_  
(Mo.) (Day) (Year)

Health/Accident Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Physician's Phone Number: \_\_\_\_\_  
(Area Code) (Number)

**PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY, PLEASE CONTACT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
(Area Code) (Number) (Area Code) (Number) (Area Code) (Number)

Please list any chronic or acute medical problems (continue on back if needed): \_\_\_\_\_

Please Explain: \_\_\_\_\_

List any allergies to food, pollen or medicine: \_\_\_\_\_

List any medications being taken at present: \_\_\_\_\_

I acknowledge the participant's immunizations are current: \_\_\_\_ Yes \_\_\_\_ No

I or My Child plan to attend Skybound Aviation AeroCamp, hereinafter referred to as "Camp". I fully realize that injury or illness could result from or during my or my child's participation in the camp. In case of accident or illness, I give permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

\_\_\_\_\_  
Adult Participant or Parent/Legal Guardian's Signature

\_\_\_\_\_  
(Date)

Please Print Camp Participant Name: \_\_\_\_\_

If Minor, Please Print Parent's Name: \_\_\_\_\_