



AeroCamp 2024

Camp Information

REGISTRATION

The following pages contain the registration form and all medical paperwork to be filled out. Be sure to fill these out in their entirety and e-mail or bring your forms 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. 9 student slots are available for each Advanced (\$2100) Camp.

PAYMENT

A \$600 deposit or full payment 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 and "goodie" bag with materials to support their learning needs.

CANCELLATIONS/REFUNDS

Request for cancellation must be received in writing. No refunds can be given if the request for cancellation is received less than 30 days prior to camp date start. please allow 2-4 weeks for refunds to be processed.

CAMP STAFF

The staff at Illinois Aviation Academy includes 50 instructors with many years of aviation and teaching experience. Running the camp will be the camp counselors Matthew Riehm and Sammy Werderich. Along with the camp staff the owner, Robert Werderich, will also assist them in their learning.

ADDITIONAL INFORMATION

Camp is conducted at Illinois Aviation Academy, Inc. Check-in for all camps begins at 7:45 am. Campers must be picked up promptly at 4:00pm. For any additional information, visit the website www.illinoisaviation.com or give us a call at 630-513-2224.

Checks can be made payable to Illinois Aviation Academy, llc.





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 2024) _____ Age _____ Gender _____

AeroCamp: Advanced

How did you hear about AeroCamp? _____

T-Shirt Size(adult): S, 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) _____





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 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 and agree to its terms.

Signature of Parent/Guardian
Date

Date

Camper Signature
Date





MEDICAL INFORMATION AND RELEASE

Illinois Aviation Academy Inc. 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: _____

PAYMENT

If wishing to pay by mail or email (make payable to Illinois Aviation Academy, Ilc)

Check # _____ Check Amt \$ _____

CC: Visa _____ MC _____ Discover _____ AMEX _____

CC# _____ Exp. _____ CC Amt \$ _____

SIGNATURE: _____





**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 Illinois Aviation Academy llc.
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: _____

Email all completed forms to
logana@illinoisaviation.com

All completed forms can also be
dropped off in-person.

