

## Maine ACE Camp Registration Form

### North Camp 2018

Please download and print this form, fill out and return with a check payable to Maine ACE Camp Inc in the amount of \$300.00. All Tuition must be paid in full no later than July 1, 2017. The Tuition for Maine ACE Camp North is \$750.00 & Maine ACE Camp South is \$325.00.

Mail this completed and signed registration packet and your check to Darcy LeSiege, 86 Stinchfield Hill Rd, Chesterville, ME 04938.

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

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CAMPERS HOME PHONE: \_\_\_\_\_

CAMPERS CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CAMPERS DATE OF BIRTH (DD/MM/YEAR): \_\_\_\_\_

CAMPERS GENDER (*Circle One*):    MALE    FEMALE

T-SHIRT SIZE: (*Circle One*)

Youth:    SMALL    MED    LG

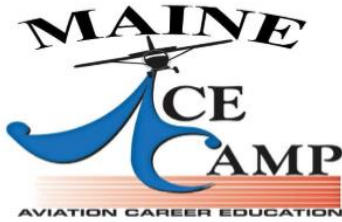
Adult:    SMALL    MED    LG    XL    XXL

SCHOOL NAME: \_\_\_\_\_ GRADE entering fall 2018: \_\_\_\_\_

CAMP ATTENDING (*Circle one*):    NORTH    SOUTH

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

Please mail to: Darcy LeSiege, 86 Stinchfield Hill Rd, Chesterville, ME 04938



## Hold Harmless Agreement and Media Authorization Release

I authorize my child to participate in the Federal Aviation Administration's MAINE ACE CAMP Inc 2018 program.

In consideration of this opportunity, I hereby do release and hold harmless the Federal Aviation Administration, Maine ACE Camp Incorporated, Boy Scouts of America Katahdin Area Council, Maine Air National Guard, Maine Army Guard, and any official supporter of Maine ACE Camp, North and South Maine ACE Camps, from all claims which may arise as a result of an accident or mishap during the course of the program.

I understand that sponsors and Maine news media organizations may be invited to view, photograph or film portions of the program, and to interview attendees. My child's photograph, image, quote or voice may be used in these media presentations.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

I wish to participate in the MAINE ACE CAMP Inc 2018 Program. In consideration of this opportunity, I hereby do release and hold harmless the Federal Aviation Administration, Maine ACE Camp Incorporated, Boy Scouts of America Katahdin Area Council, Maine Air National Guard, Maine Army Guard, and any official supporter of Maine ACE Camp Inc, from all claims which may arise as a result of an accident or mishap during the course of the program.

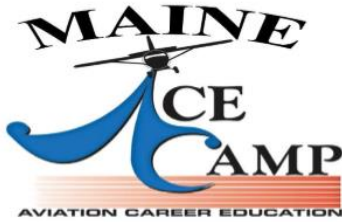
I understand that sponsors and Maine news media organizations may be invited to view, photograph or film portions of the program, and to interview attendees. My photograph, image, quote or voice may be used in these media presentations.

Printed Name of Camper/Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Camper/Student: \_\_\_\_\_

Maine ACE Camp Inc \_\_\_\_\_



## Maine ACE Camp Inc 2018 Liability Waiver

We hereby authorize our child:

(Camper/Student full name) \_\_\_\_\_,

to accompany the MAINE ACE CAMP Inc program on any and all tours, excursions, aircraft flights, and classroom training during the week of July 22 – July 28, 2018 in Bangor Maine or August 1 – August 4, 2018 in Brunswick, Maine.

In consideration of MAINE ACE CAMP Inc arranging the food, housing, transportation, excursions, tours, aircraft flights, and classroom training, I hereby release and discharge the Federal Aviation Administration, Boy Scouts of America, Maine ACE Camp Incorporated, Western Maine Flyers, EAA Chapters, Air and Army National Guard, Bangor International Airport, ACE Academy official supporters, and employees of MAINE ACE CAMP INC paid or volunteers, from any claim, liability or demand of any kind for an account of any personal injury or damage of any kind sustained by the child, whether caused by the negligence of the volunteers, employees or otherwise.

This is to acknowledge that we, the undersigned, have read and understand the above statement.

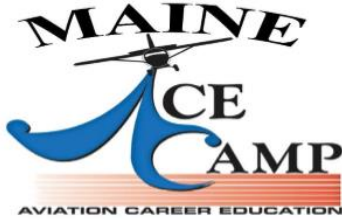
We are the parent(s) and / or the legal guardian(s) of the MAINE ACE CAMP Inc student listed above.

Parent/ Guardian: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Camp Attending \_\_\_\_\_

(North or South)



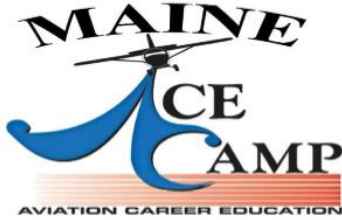
## Maine ACE Camp Inc Code of Conduct

1. **Alcohol, drugs, and tobacco products are strictly prohibited.**
2. **Harassment of any type will not be tolerated!**
3. Remain with your assigned Flight Crew at all times. **Safety first!** Follow Counselor's instructions!
4. Punctuality is critical! Please make sure you are on time and prepared for all activities.
5. ***HATS are to be worn outdoors only!*** Name badges shall be worn at all times.
6. No food or drink permitted in living quarters. No ordering takeout food over the phone. (i.e. Domino's)
7. Neatness and cleanliness must be maintained at all times. (Leave dining room, classrooms, buses, and picnic areas cleaner than you found them.)
8. **Be respectful of others.** No talking during verbal presentations and name calling or ridiculing of anyone will not be tolerated.
9. **NO KNIVES OR WEAPONS ALLOWED. ANY FOUND WILL BE CONFISCATED AND NOT RETURNED.**

**MAINE ACE CAMP Inc Code of Conduct is necessary and will be strictly enforced.**  
**Violations of any of the above rules may be grounds for immediate expulsion from the camp with no refund of tuition.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper/Student Signature \_\_\_\_\_ Date \_\_\_\_\_



## Maine ACE Camp Inc Discipline Policy

In aviation, **safety** is **paramount**. This is true for everyone working in the aviation industry. During this camp it is **essential** that all students adhere to the instructions from their counselors. Treat staff and presenters in a polite and respectful manner, like you would want to be treated.

We understand that not everything can be covered with a list. Our basic rule of thumb is **if an action in any way reduces the level of safety for anyone, or if the behavior is destructive, the student's actions will be grounds for dismissal from the camp immediately, and the parent will be contacted to pick up the student, with NO REFUND of tuition**. If the action is disrespectful, discourteous, or impolite, the director will handle the issue accordingly.

We are a crucial part of the aviation industry and our desire is for of everyone involved with Maine ACE CAMP Inc to have the opportunity to learn, experience, and enjoy a camp devoted to aviation career education. However, because of a few unfortunate past experiences, it has become necessary to request all parents/guardians to sign a statement that they have reviewed our discipline policy.

Sign this statement, return with the other camp forms and thank you for your cooperation and support.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

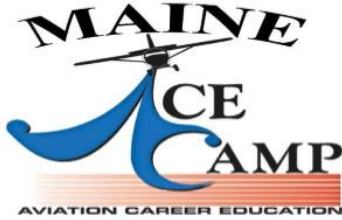
Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Printed Name of Camper/Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Camper/Student: \_\_\_\_\_



## Maine ACE Camp Inc Medical Release Form

In the event of an emergency, I hereby authorize any physician to initiate any medical attention as deemed necessary.

I also understand that I will be contacted immediately after medical attention is taken care of.

I certify that my child is in good physical health **except** as stated below:

**Known allergies or health problems we should know about: (Food, Physical, Mental, Emotional)**

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Current medication or prescription drugs: \_\_\_\_\_

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Any Special Instructions: \_\_\_\_\_

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Primary Care Physician:

Name \_\_\_\_\_

Address \_\_\_\_\_

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Telephone number \_\_\_\_\_

Student health insurance plan: \_\_\_\_\_

**Plan Number:** \_\_\_\_\_

**\*Students must be enrolled in a medical/accidental insurance plan.**

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION <i>(Sign each entry)</i>		
	<b>101 Medical Group, 109 Pesch Circle, Suite 423, Bangor, Maine 04401</b>		
Date	Name:		
(Valid for 14 days)	Rank or Civilian Job: STUDENT		
(NOTE: ARC clearances will be valid for no longer than 40 days)	Age:	Gender: M	F
	The following questions must be asked prior to a flight in a non-ejection seat aircraft (KC-135):		
	1. Do you have any medical problems?	Yes	No
	2. Are you on a duty limiting condition (DLC) (military only)?	Yes	No
	3. Do you have any medical restrictions?	Yes	No
	4. Do you feel you need to see a military provider (flight surgeon)?	Yes	No
	5. Do you feel that you would have problems egressing (evacuating) the aircraft?	Yes	No
	6. Do you take any medications?	Yes	No
	<b>Patient (PARENT/GAURDIAN) Signature:</b> _____		
Military Medical Technician	Individual is referred to see a military provider (flight surgeon)	Yes	No
Military Provider (flight surgeon)	Individual is medically cleared for orientation flight	Yes	No
Date:	Flight surgeon printed name:	Flight surgeon's Signature	
Expires:			

PATIENT'S IDENTIFICATION <i>(Use this space for Mechanical Imprint)</i>		RECORDS MAINTAINED AT:	101 Medical Group Bangor, ME 04401-8027
PATIENT'S NAME <i>(Last, First, Middle initial)</i>		SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SELF	-----		
SPONSOR'S NAME	ORGANIZATION		
SELF			
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
MeANG	20 /		