

# Experimental Aircraft Association (EAA) Chapter 44

**2018 Sport Aviation Camp**  
**Monday, August 6<sup>th</sup> – Friday, August 10<sup>th</sup>**  
**Separate Young Eagles Rally (Free Airplane Ride) – 8/11**  
**Monday – Friday 9:00 am – 4:00 pm**  
**Ages 11 - 17**

**Location: EAA Chapter 44's Sport Aviation Center**  
**44 Eisenhower Drive, Brockport, NY 14420**  
**Brockport Airport/Ledgedale Airpark (7G0)**

## SACamp Application & Permission Form

Camper's Preferred Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_ (by date of camp) Grade Level (Fall 2018 ) \_\_\_\_\_ Gender \_\_\_F \_\_\_M

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Day Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Parental/Guardian Permission: I give my permission for (camper's full name) \_\_\_\_\_ to participate in all activities of the 2018 Sport Aviation Camp including riding in the vehicles designated by EAA 44 for any camp field trip(s). I also give my permission for this camper to appear in possible photographs, videos, or publications that might be used to publicize the aviation camp, other EAA 44 sponsored events, and/or other organizations who may participate in a camp field trip.

Parent/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Special Note:** EAA Chapter 44 will hold a separate Young Eagles Rally on Saturday, August 11<sup>th</sup> that is open to the public. A free airplane ride will be provided to any camper who wishes to participate. Separate registration, permission & waiver forms will be required.

Circle T-Shirt Size (adult size) S M L XL XXL (this is the size t-shirt you will receive in camp)

Campers will be required to bring their own lunch each day. Snacks and beverages will be provided by the Camp Staff. Does your Camper have any food allergies? If yes, please alert the camp staff. Type of allergy \_\_\_\_\_

Are there any health, medical or behavior issues or concerns that the Camp Staff should be made aware of? Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should your camper be restricted from any camp activity? Yes \_\_\_ No \_\_\_ If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following individuals have my permission to pick up my child from camp. Your child will not be released to anyone not listed below. Anyone picking up your child will be asked to show a photo ID:

<u>Name</u>	<u>Relationship to Camper</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

List 2 emergency contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

The cost of the Camp is \$250.00 and will be limited to 16 campers. A \$50 deposit is due with the Application. Cash, check or money order payable to EAA Chapter 44. The balance is due with the completed registration materials by June 1<sup>st</sup>.

Additional information about the Sport Aviation Camp will be sent to all campers and parents/guardians prior to the event. A Parents/Guardians Meeting for registered campers will be held at the Sport Aviation Center prior to the camp.

Please return the completed application and payment to:  
Jeffrey W. Peters  
EAA 44 SAC Coordinator  
262 Parkview Drive  
Rochester, New York 14625

If you have any questions, please contact Jeff Peters  
585-233-6880 or [jpeters2@rochester.rr.com](mailto:jpeters2@rochester.rr.com).