



FUTURE ACES SUMMER CAMP

Registration Form

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Please print clearly and use one form for each child. Incomplete registration forms or forms with partial payments can not be processed.

Please Contact us for Available Camp Dates @ 905-602-4775 or by email at camp@aircombatzone.com

Mail, fax or deliver completed registration forms to:

AIR COMBAT ZONE
5170 Dixie Road, Unit 101,
Mississauga, ON
L4W 1E3
Fax: 905-602-5501
Email: camp@aircombatzone.com

CAMPER INFORMATION

Camper's First Name _____
Camper's Last Name _____
Camper's Home Phone Number () _____
Date of Birth (mm-dd-yyyy) _____
Camp Date: _____

PARENT/GUARDIAN INFORMATION

Name of parent/guardian _____
Relationship to camper _____
Home phone number: _____
Daytime phone number(s): _____
Cell phone: _____
Address: _____
Email: _____



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Person(s) authorized to pickup camper:

Air Combat Zone may release my child into the care of the following individual(s) during the camp day or at the end of the camp day. Only those people listed here as well as myself, the registering parent/guardian, will be able to pickup my child. If applicable, please list second parent/guardian's name below. All will need to show their own personal identification.

Please print clearly.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Emergency Contact Information:

Please name emergency contact(s) if the registering parent/guardian cannot be reached.

Name: _____

Relationship to Camper _____

Phone number (s) _____

Medical Information:

Please describe the allergies, dietary needs or medical conditions of your child:

Consent Form and Medical Consent Statement

I agree that as a parent/guardian of a child at the Air Combat Zone summer camp, my child will participate in activities on the grounds of Air Combat Zone and surrounding area. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that Air Combat Zone and its employees shall not be liable for any injury to my child or any loss/damage to my child's personal property arising from, or in any way resulting from, my child's participation in these activities.

Name: _____ Relationship: _____

Signature: _____ Date: _____



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PAYMENT INFORMATION

Camp fee's are as follows:

Base camp fee for Monday to Friday from 9:00 am to 5:00 pm - \$435.00/wk

Fee Calculation:

Base Camp Fee	\$435.00
13% HST	\$56.55
Total	\$491.55

Payment is due in full upon registration.

Amount to be charged to card: \$ _____ Card type: (Visa, MC, Amex) _____

Card Number: _____ Expiry: _____

Cardholder Name: _____

Signature of Card Holder: _____ Date: _____

Cancellation Policy:

- Camp Registration Fees are non refundable.

- In the event you do need to cancel your registration, Air Combat Zone will do what we can to rebook your space. If the cancelled space is rebooked by another camper, you are entitled to a full refund less a \$50 administration fee. If we are not able to rebook the space your full camp registration fee will be non-refundable.

**Please note - Camper substitutions can be made at anytime up to the camp session start date if a registered camper is unable to attend the camp.

- Camp sessions must be full (4 people) in order for the camp session to run. If your session is not going to run, you will be notified 4 weeks in advance and a full refund will be provided.