



North Coast Flight School Aero Academy



AERO ACADEMY SUMMER 2026 REGISTRATION

YOUNG FLYERS - \$449.00 CAMP 1 - \$510.00 CAMP 2 - \$649.00

CAMP 3 - \$700.00 CAMP 4 - \$2000.00 CAMP 5 - \$1500.00

If paid by May 1, 2026, an early payment discount of \$50 may be applied to all levels

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____

T- Shirt Size: Child ____ Adult ____ SM ____ MED ____ LG ____ XL ____

Special Limitations: _____

Prior Experience: _____



North Coast Flight School Aero Academy



Medical Info and Release

Name:

_____ (last) (first) (middle)

Health/Accident Insurance Carrier: _____

Policy No.: _____ Group No.: _____

Family Physician: _____ 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:

Home Phone: _____ Work: _____ Cell: _____

Please list any chronic or acute medical problems: _____

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 a North Coast Flight School Inc. Aero Academy. I fully realize that injury or illness could result from or during MY/MY CHILD's participation in the program. In case of accident or illness, I give my permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

Guardian Signature: X _____ Date: ____/____/____

Participants Name (Print): _____



North Coast Flight School Aero Academy



Participant Name: _____

Date of Birth: _____

By signing this document, you are waiving certain legal rights.

READ CAREFULLY BEFORE SIGNING.

GENERAL RELEASE AND INFORMATION AGREEMENT

I hereby represent that I am the parent or legal guardian of "PARTICIPANT", who is under the age of 18. For and in consideration of North Coast Flight School Inc. Permitting PARTICIPANT to participate in a North Coast Flight School Inc. Aero Academy to be held during June, July and 2026.

At the Port Meadville Airport in Meadville, PA., hereafter referred to as "Aero Academy", I hereby expressly assume all the risks associated with the Aero Academy, and release North Coast Flight School Inc., its trustees, officers, employees, students, and agents from all claims, demands, suits, causes of action, or judgement which PARTICIPANT or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against North Coast Flight School Inc., its trustees, officers, employees, students, or agents, arising out of or in any way connected with Aero Academy, for all personal injuries, known or unknown, property damages, or claims of wrongful death, caused by the ACTS, OMISSIONS OR NEGLIGENCE of North Coast Flight School Inc. its trustees, officers, employees, students, or agents. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS North Coast Flight School Inc., ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGEMENTS WHICH PARTICIPANT OR I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH OUR HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST North Coast Flight School Inc., ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, DAMAGES (INCLUDING LOST OR STOLEN PROPERTY), OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS OR NEGLIGENCE OF North Coast Flight School Inc's AND IN North Coast Flight School Inc's NAME DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION OR JUDGEMENTS DESCRIBED ABOVE. I ALSO AGREE TO BE RESPONSIBLE FOR ANY PROPERTY DAMAGE OR PERSONAL INJURIES THAT PARTICIPANT OR I MAY CAUSE BY INTENTIONAL OR NEGLIGENT ACTS WHILE PARTICIPATING IN THE Aero Academy.

I have read and executed this document with full knowledge of its legal significance.

Signature: X _____ Printed: _____

Date: ____/____/____



North Coast Flight School Aero Academy



Photo Release Form for Parents/Guardians of Minors

This parental/guardian consent form is to both inform you and to request permission for your child's/children's photo/video/image to be published on North Coast Flight School's website and/or social media sites. As you are aware, there are potential dangers associated with the posting of personally identifiable information on websites and social media sites such as Facebook. Global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we want to include your child and his/her involvement with our Aero Academy Program. As such, we are asking for your permission to publish information about your child. We will not release any personally identifiable information without prior written consent from you as parent or guardian. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to North Coast Flight School, Inc and such rescission will take effect upon notification. Initial the following choices with which you consent:

I GRANT permission for a photo/video/image that includes my child to be published on the North Coast Flight School's public website.

I GRANT permission for my child's first name to be published on North Coast Flight School's public web site.

I GRANT permission for my child's photo/video/image to be published on North Coast Flight School's social media sites (i.e. Facebook, Twitter, Pinterest, etc.)

I GRANT permission for my child's first name to be published on the church's public social media sites (i.e. Facebook, Twitter, Pinterest, etc.)

I DO NOT GRANT permission for photos/video/images or my child's first name to be published on ANY public online place affiliated with or operated by North Coast Flight School.

Name of child (please print) _____ Age: _____

Name of Parent/Guardian:(print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____ Date: _____

