Maine ACE Camp Registration
North Camp 2026

Camper's Information

Name:

Mailing Address:

City, State, & Zip code:

Phone:

Email:

Gender (Circle One): Male Female **Date of Birth:** Month / Day / Year

School Name: **Grade entering fall 2026:**

T-Shirt Size (Circle One): Youth: SMALL MED LG Adult: SMALL MED LG XL XXL

Parent / Guardian Information

#1 Name:

#1 Phone:

#1 Email:

#2 Name:

#2 Phone:

#2 Email:

Emergency Contact

Name:

Phone:

Please download and print this form, fill out and return it with a check payable to Maine ACE Camp Inc in the amount of $500.00.

All documentation must be completed, and all tuition must be paid in full no later than June 1, 2026.

The Tuition for Maine ACE Camp North is $1,000.00.

Mail this completed and signed registration packet and your check (Made payable to Maine ACE Camp Inc) to Maine ACE Camp Inc, c/o 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 2026 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, Maine ACE Camp North, Midcoast, and Seacoast 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 2026 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, Maine ACE Camp North, Midcoast, and Seacoast 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 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 2026 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 19 – 25, 2026 in Bangor, Maine or July 29 – August 1, 2026 in Brunswick, Maine or August 5 - 8, 2026 in Sanford, 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: *(Signature)* _____

Parent/ Guardian: (*Print)* _____

Parent/ Guardian: *(Signature)* _____

Parent/ Guardian: (*Print)* _____

Date: _____ Camp Attending: _____

(North, Midcoast, or Seacoast)

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.

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 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)

_____

_____

_____

Current medication or prescription drugs: _____

_____

Any Special Instructions: _____

_____

Primary Care Physician:

Name_____

Address_____

_____

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: _____

Please include a copy of the camper's insurance card.

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	101 Medical Group, 109 Pesch Circle, Suite 423, Bangor, Maine 04401
	AFI 48-123 5.4.9.4. Incentive and orientation flights in non-ejection seat aircraft. – Civilian/ Students
DATE:	Patient Name:
	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 history or current medical problems? Yes No
	3. Do you have any physical limitations? 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
	Patient Signature:
	Parent Signature: (if student)
Military Medical Technician	Individual is referred to see a military provider (flight surgeon) Yes No
Military Provider (Flight Surgeon)	Individual is cleared for orientation flight Yes No
Date:	Flight Surgeon printed name: Flight Surgeon's Signature:
Expires: (Valid for 40 days)	

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

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

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

AIR TRANSPORTATION AGREEMENT	DATE

PLACE BANGOR AASF	FULL NAME

PERMANENT ADDRESS

For and in consideration of being permitted to fly as a passenger in aircraft operated by or on behalf of the United States of America, for and on behalf of myself, my personal representatives, heirs and assigns, I hereby release and discharge the United States, its agents, servants, or employees from any and all claims for property damage and/or personal injury or death resulting from or during said flight or flights or continuances thereof or from ground operations incident thereto.

SIGNATURE

WITNESS	WITNESS

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN EMERGENCY

DD FORM 1381, JUL 62

Reset

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: ☐ **None**

_____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

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Part B1: General Information/Health History

B1

Full name: _____

Date of birth: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
☐	☐	Diabetes	**Last HbA1c percentage and date:** **Insulin pump: Yes** ☐ **No** ☐
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/ heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
☐	☐	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
☐	☐	Stroke/TIA	
☐	☐	Asthma/reactive airway disease	**Last attack date:**
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion/TBI	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Neurological/behavioral disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures or epilepsy	**Last seizure date:**
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Skin issues	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

Part B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? ☐ YES ☐ NO Exp. date (if yes) _____

DO YOU USE AN ASTHMA RESCUE INHALER? ☐ YES ☐ NO Exp. date (if yes) _____

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____ / _____

Parent/guardian signature — MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e., HIB)	
☐	☐		Exemption to immunizations **(form required)**	

Please list any additional information about your medical history:

_____

_____

_____

_____

DO NOT WRITE IN THIS BOX.
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

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Part C: Pre-Participation Physical

C

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes	☐	☐	
Ears/nose/throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Genitalia/hernia	☐	☐	
Musculoskeletal	☐	☐	
Neurological	☐	☐	
Skin issues	☐	☐	
Other	☐	☐	

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
☐	☐	Meets height/weight requirements.
☐	☐	Has no uncontrolled heart disease, lung disease, or hypertension.
☐	☐	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
☐	☐	Has no uncontrolled psychiatric disorders.
☐	☐	Has had no seizures in the last year.
☐	☐	Does not have poorly controlled diabetes.
☐	☐	If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ **Date:** _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

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