



Young Aviator Academy Registration Packet

[Please fill out the registration forms and submit to frontdesk@aviaflightacademy.com no later than June 1st 2026.](mailto:frontdesk@aviaflightacademy.com)

PAYMENT

Academy tuition payment is due no later than 21 days prior to session start. \$195 registration deposit is required to secure the spot. Academy will send a reminder and payment link for the remaining tuition due to all registered participants.

CANCELLATIONS/REFUNDS

Program tuition fee paid in full prior to Academy start is refundable according to the terms below:

- The registration deposit is non-refundable.
- Cancellations made 14 days or more prior to the session start date will receive a refund of tuition paid, minus the deposit.
- Cancellations made within 14 days of the session start date are non-refundable.

Tuition may be transferred to another session (space permitting) within the same calendar year at the discretion of Avia Flight Academy.

Failure to show up will result in a forfeit of all fees paid.

OUR STAFF

Our staff consists of FAA-licensed instructors with extensive flight training and flying experience. They have been designated by FAA to teach others how to fly in an airplane as well as teach ground in the classroom. They have undergone thorough background checks.

OTHER INFORMATION

We are located at Bridgeport Sikorsky airport. Check-in for participants will begin 15 minutes prior to the first session. We will provide refreshments and snacks for Young Aviators. They will also receive a Young Aviator T-shirt and Young Aviator packet with all learning materials.

Young Aviator Registration Form

First Name _____ MI _____ Last Name _____

Home Mailing Address _____

City _____ State _____ Zip _____

School _____ Date of Birth: mm/dd/yyyy ____/____/____

Age _____ Gender _____

Registering for session:

Week 1 (June 22 – 26) _____

Week 2 (July 13 - 17) _____

Week 3 (July 20 -24) _____

Week 4 (August 3 – 7) _____

Week 5 (August 10 – 14) _____

PARENT/GUARDIAN

First Name _____ MI _____ Last Name _____

Cell Phone _____ Email _____

Does the Young Aviator have any allergies, chronic illness, or medical conditions? If yes, please describe.

Please list two emergency contacts:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

How did you hear about us?

Website _____ Flyer _____ Facebook Ad _____ Other _____

I hereby give my approval for my child's participation in any and all activities prepared by Avia Flight Academy during the Young Aviator Academy. In exchange for the acceptance of said child's candidacy by Avia Flight Academy, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Avia Flight Academy and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected Academy sessions.

In case of injury to said child, I hereby waive all claims against Avia Flight Academy including all instructors and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event.

Parent/Legal Guardian Signature

Date

Young Aviator Name: _____

Medical Release and Authorization

As Parent and/or Guardian of the named Young Aviator, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency which requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

I understand that every attempt will be made to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me or if the emergency requires immediate time sensitive action.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Name: _____

Last

First

Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

Parent/Legal Guardian Signature

Date

Young Aviator Name: _____

Young Aviator Academy Permission Slip

Name of participant: _____

Name of parent/legal guardian: _____

Participant and I hereby grant Avia Flight Academy the right to produce, use, exhibit, display, broadcast, distribute and create derivative works of flight school related photographs or video images of Participant for use in connection with the activities of the school for promoting, publicizing, or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the school's newsletter, on our website and public relations/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other school related publications. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, video and electronic/online media. All photos taken are without compensation to the participant.

_____ (yes) _____ (no)

Avia Flight Academy Facebook post _____ (yes) _____ (no)

Avia Flight Academy Instagram post _____ (yes) _____ (no)

I give permission for my child to ride in the vehicles designated by Avia Flight Academy for any tours of the airport.

_____ (yes) _____ (no)

I give permission for my child to fly in a general aviation aircraft approved by Avia Flight Academy as part of Young Aviator Academy activity.

_____ (yes) _____ (no)

Parent/Legal Guardian Signature

Date