



## SIX1FLY'S AVIATION ADVENTURE CAMP: 2026

### CAMP INFORMATION & ENROLLMENT

Please complete these forms and return them on or before the first day of camp. They may be returned via email to [olivia@six1fly.com](mailto:olivia@six1fly.com) or dropped off at the front desk of Portland Municipal Airport. To secure your child's spot, a \$150 non-refundable deposit is required. You may pay at the link listed below or on the camp website page.

Portland Municipal Airport  
601 Airport Rd. Portland, TN 37148

Pay deposit and/or enrollment fees:

<https://app.flightschedulepro.com/DiscoveryFlights/9f280fd1-ad15-46f7-b369-2354b5108f73>

### REGISTRATION & PRICING:

- Total tuition: \$1,200
- The full tuition balance must be paid by June 8, 2026.
- Enrollments are processed on a first-come, first-served basis.
- In compliance with TSA and FAA regulations, students must be U.S. Citizens and provide a copy of their birth certificate by June 8, 2026.
- Students will receive a Six1Fly camp t-shirt and logbook on the first day of camp.
- In the event that weather conditions are not favorable for flying on the last day, Six1Fly will issue students a voucher to redeem on a later day.

### DATE, LOCATION, TIME, DROP-OFF/PICK-UP

- June 15-19, 2026, from 9:00 AM to 1:00 PM.
- Drop off and pick up at: 601 Airport Rd., Portland, TN 37148. Main FBO office.
- Check-in begins Monday at 8:45 a.m. Check-in for Tuesday through Friday will be at 9 AM. Students must be picked up promptly at 1:00 PM.
- Late Pick-up Policy: A late fee of \$5 per minute will be charged for any child not picked up by 1:15 p.m.

## **SIX1FLY STAFF**

Six1Fly holds the safety and care of your child to the highest standard. Both male and female staff will be present. A chief flight instructor will be on-site at all times, as well as other members of the airport to assist with security and safety. Six1Fly utilizes their professional certified flight instructors to teach and fly the lessons for the Aviation Camp.

## **AVIATION ADVENTURE CAMP OUTLINE**

Day 1: Aviation Basics: History, aerodynamics, and weather.

Day 2: Navigation and Flight Planning: Preflight, radios, and flight planning.

Day 3: Aviation Careers & Operations: Career presentations from real commercial pilots.

Day 4: Aviation Maintenance: Hands-on learning from a certified aircraft mechanic.

Day 5: First Flight Experience: One-on-one flight lesson from a certified flight instructor.

## STUDENT INFORMATION

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE (during camp) \_\_\_\_\_

GENDER \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

(Weight is needed for aircraft weight and balance calculations).

T-SHIRT SIZE (please select)

- ADULT S
- ADULT M
- ADULT L
- ADULT XL

## PARENT/GUARDIAN INFORMATION

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ANYONE ELSE AUTHORIZED TO PICKUP CHILD FROM CAMP \_\_\_\_\_

\_\_\_\_\_

(Photo ID will be required)

**STUDENT'S MEDICAL INFORMATION**

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE (during camp) \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_

CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

PERSONAL PHYSICIAN \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

LIST ANY OF THE STUDENT'S MEDICAL COMPLICATIONS/PROBLEMS AND EXPLAIN:

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

ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

CURRENT IMMUNIZATIONS? (Please check) YES \_\_\_\_\_ NO \_\_\_\_\_

## MEDICAL AUTHORIZATION

PERSON WITH LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO THE PARTICIPANT IN THE CASE OF EMERGENCY:

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

OTHER EMERGENCY CONTACT:

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

## **SIX1FLY AVIATION CAMP CODE OF CONDUCT AND SAFETY**

Because we operate at a federally regulated airport, safety will always be our top priority. Six1Fly expects students to abide by this code of conduct, and should any disciplinary issues arise, a parent or legal guardian will be contacted immediately to pick up their child.

1. **SAFETY:** Our FAA-certified instructors are professionals, and reserve the right to operate at their discretion regarding weather, mechanical, and any other operational concerns. We reserve the right to refuse service to anyone at any time for any reason.
2. **RESPECT:** Students must respect instructors, other students, and airport property.
3. **ATTENTION:** Listen and acknowledge all instructions at all times.
4. **VALUABLE ITEMS:** Do not bring valuables or electronic devices other than a cell phone. Cell phones must be stowed. They may be used during breaks or emergencies only. Please no chewing gum or food items in the aircraft.
5. **REQUIRED ITEMS:** Please wear closed-toed shoes.
6. **DISCIPLINE:** Physical aggression, disruption, or disrespect will result in immediate dismissal without a refund.

**I HAVE READ AND UNDERSTOOD THE TERMS OF THE SIX1FLY AVIATION CAMP CODE OF CONDUCT AND AGREE TO ITS TERMS.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## CONSENT FORM FOR MINOR'S AVIATION ACTIVITIES

I, [Parent/Guardian Full Name] \_\_\_\_\_,  
am the parent/guardian of [Minor's Full Name] \_\_\_\_\_,  
hereinafter referred to as "Minor." I hereby grant my consent for the Minor's participation  
in aviation activities offered by Six1Fly Aviation School, hereinafter referred to as "Six1Fly,"  
subject to the terms and conditions outlined in this consent form.

### 1. Assumption of Risks:

I understand and acknowledge that aviation activities involve certain risks and hazards,  
which may include, but are not limited to, bodily injury, property damage, and even death.  
I am fully aware that Six1Fly cannot guarantee the complete elimination of these risks.

### 2. Medical Fitness:

I confirm that the Minor is physically and mentally fit to participate in aviation activities. I  
will notify Six1Fly promptly if there are any changes in the Minor's medical condition that  
may affect their ability to safely engage in these activities.

### 3. Compliance with Rules and Instructions:

I acknowledge and understand that the Minor must comply with all rules, regulations, and  
instructions provided by Six1Fly's instructors and staff. This includes following safety  
procedures, wearing appropriate safety equipment, and behaving responsibly during all  
aviation activities.

### 4. Release and Indemnity:

In consideration of Six1Fly allowing the Minor to participate in aviation activities, I, on  
behalf of myself and the Minor, agree to release and hold harmless Six1Fly, its instructors,  
staff, and affiliated parties from any and all liability, claims, demands, or actions arising out  
of or in connection with the Minor's participation in these activities.

### 5. Medical Treatment and Emergency Contacts:

I authorize Six1Fly's instructors and staff to obtain medical treatment for the Minor in the  
event of an emergency or injury. I agree to provide accurate emergency contact  
information, including the name, phone number, and relationship of at least two  
individuals who can be reached in case of an emergency.

6. Photography and Media Release:

I grant Six1Fly permission to capture photographs or videos of the Minor during aviation activities. These images may be used for promotional or educational purposes. I understand that the Minor's identity will not be disclosed without further explicit consent.

7. Governing Law:

This consent form shall be governed by and construed in accordance with the laws of the State of Tennessee. Any disputes arising under or in connection with this consent form shall be subject to the exclusive jurisdiction of the courts located within Sumner County, Tennessee.

By signing below, I acknowledge that I have read and understood this consent form in its entirety. I accept the risks involved and agree to release Six1Fly from liability, except in cases of gross negligence or willful misconduct.

Parent/Guardian's Full Name (Printed) \_\_\_\_\_

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

Date \_\_\_\_\_

Minor's Full Name (Printed): \_\_\_\_\_

Minor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_