



www.mata-usa.org | info@mata-usa.org | 360-435-8179

Due to TSA restrictions, camp is open to U.S. citizens only.

JULY 26-31, 2026

Sunday 1:30 pm to 8 pm | Monday – Thursday 8 am to 8 pm | Friday 8 am to 5 pm

Price: \$700

Price includes: Lunches on Monday-Friday; Dinners on Sunday-Thursday; Snacks

Price does not include: Breakfasts; Housing (even for out-of-state campers); Transportation

APPLICATION INSTRUCTIONS

Please read and follow all instructions carefully. Be sure to include all required items (ID and deposit) with your application.

1. Camper and parent/guardian must complete their respective portions of the application.
Double check that it is filled out completely and that all signature spaces are signed.
2. Gather the required ID for proof of U.S. citizenship.
 - The camper's **unexpired** U.S. Passport
 - OR**
 - **Both** a birth certificate **and** an unexpired government-issued photo ID.
 - Make sure that the ID will still be **current** as of the dates of camp shown above.
 - If the camper does not have a driver's license, he may apply for a state ID card through the driver licensing office.
 - Government ID must be the permanent ID. Temporary ID will not be accepted.
 - School ID cards are not accepted.
3. Write a check to MATA for \$100. This is a non-refundable deposit that will apply toward the cost of camp. (If your camper is not accepted to camp, it will be returned to you uncashed.)
4. Mail application, photocopies of ID, and check to:

MATA
PO Box 3655
Arlington, WA 98223
5. If your camper is accepted, an invoice will be emailed to you showing the remaining balance which is due upon receipt of the invoice. If it is not paid in a timely manner, your camper will forfeit his/her acceptance to camp, and the spot will be given to another camper.

Please Note:

Incomplete applications or applications without the proper ID and payment will not be considered for acceptance.

We will not hold a place for a camper who does not submit a complete application with the required ID and payment.



MISSION AVIATION SUMMER CAMP APPLICATION

This page must be completed by a parent or legal guardian.

Camper Information

Camper Last Name _____ First Name _____ ☐ Male ☐ Female

Street Address _____ City _____ State _____ Zip _____

Age: _____ Date of Birth (mm/dd/yyyy): _____ Citizenship: _____

Height: _____ Weight: _____ T-Shirt Size: _____

** Accurate height and weight are required for weight and balance in aircraft.*

Parent/Guardian Information

1st ☐ Parent or ☐ Guardian

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ ☐ Mobile ☐ Home ☐ Work

Email: _____

2nd ☐ Parent or ☐ Guardian

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ ☐ Mobile ☐ Home ☐ Work

Email: _____

For MATA Office Staff Use Only

<input type="checkbox"/> \$100 Deposit Received, Check # _____	<input type="checkbox"/> Camper Code of Conduct
<input type="checkbox"/> Medical Release	<input type="checkbox"/> Passport or Birth Cert & Govt Photo ID
<input type="checkbox"/> Medical Insurance Information	<input type="checkbox"/> Deposit check deposited on _____
<input type="checkbox"/> Medication Permission	<input type="checkbox"/> Acceptance email sent on _____
<input type="checkbox"/> Assumption of Risk & Release	<input type="checkbox"/> Balance paid _____ Ck # _____
<input type="checkbox"/> Camper Questionnaire, Essay, Self Eval	<input type="checkbox"/> Follow-up email sent on _____



MEDICAL RELEASE, INFORMATION, & PERMISSION

This page must be completed by a parent or legal guardian.

Medical Release Form

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give MATA permission to act on my behalf in seeking emergency treatment for camper, _____, in the event MATA deems that such treatment is necessary. I give permission to those administering emergency treatment to do so, using whatever measures are deemed necessary.

Parent/Guardian Name: _____ Signature: _____

Phone #1: _____ Phone #2: _____ Email: _____

Any allergies (food or drug reactions): _____

Any medical conditions or physical limitations: _____

Any needed medication? List instructions for how much/how often below: _____

If parents are not available, please call the below relative or person:

Name & Relationship: _____ Phone: _____

Medical Insurance Information *(You may provide a copy of your insurance card if you wish).*

Name of Insurance _____ Address _____

Name of Holder _____ Contract/Policy _____

Employer _____ Address _____

Parent/Guardian Signature _____ Date _____

Medication Permission

I grant permission for MATA staff to make available to the camper the medications of "Ibuprofen" (such as Advil), "Acetaminophen" (such as Tylenol), "Dimenhydrinate" (such as Dramamine), and "Diphenhydramine" (such as Benadryl) anytime as directed by a medical professional of MATA's choice.

Parent/Guardian Signature: _____ Date: _____



ASSUMPTION OF RISK AND RELEASE

This section must be signed by a parent or legal guardian.

In consideration of Mission Aviation Training Academy (MATA) allowing me, or my child, (Participant) to participate in the Activities that are sponsored by, hosted by, or otherwise related to MATA, I agree as follows:

1. **Authority.** If Participant is a minor, I am the parent or legal guardian of the Participant and have authority to enter into this Agreement. I represent that: (a) I have authority to enter into this Agreement on behalf of anyone else who has legal rights regarding the Participant; or (b) everyone else with legal rights regarding the Participant has signed this release.
2. **Voluntary Participation.** I agree that my, or minor Participant's, involvement in the Activities is voluntary.
3. **Camper Responsibility.** I hold my child responsible for his/her own actions and expect him/her to be a cooperative member of the group so these activities can be a successful introduction to mission aviation. I understand that in the event this camper is sent home for not following the "Camper Code of Conduct" (attached), travel will be at my expense and all payments made to MATA will be forfeited and without refund.
4. **Risk of Serious Injury or Death.** I understand that the Activities could involve risks that may result in serious injury or death. These risks may include, but are not limited to, strenuous physical exertion, falls or other accidents, extreme conditions, and lack of available medical care. I voluntarily assume all such risks.
5. **No Duty to Act on Conditions Specific to Participant.** I understand and agree that MATA is not qualified to provide medical evaluation or treatment and that the number of participants may limit the ability of MATA to provide special care or attention to an individual Participant. I understand and agree that MATA has no duty to utilize the information above regarding medical conditions or other limitations faced by me or minor Participant.
6. **Authorization to Engage Medical Treatment.** I grant permission for MATA to authorize medical treatment for me or minor Participant, to call 911 for emergency medical aid, or take other measures to secure medical treatment if, in MATA's sole and absolute judgment, I or minor Participant becomes ill, sustains an injury, or otherwise requires medical treatment. I give consent to any physician, emergency aid responder, or other health care provider to administer drugs or medicine or to perform such medical treatment as such person determines necessary for the relief of pain or to preserve my or minor Participant's life or health. I assume full responsibility for all medical, rescue, transportation, and other expenses incurred on behalf of myself or minor Participant and understand I may be required to fully and immediately reimburse MATA for any of these expenses that MATA, in its sole and absolute discretion, chooses to advance.
7. **Coverage of Medical Expenses.** I understand that the effect of this release means that MATA's liability insurance, and the liability insurance of any co-sponsors, hosts, or related organizations, if any, would not provide coverage for any death, injuries, or medical expenses sustained by me or minor Participant. I agree that I or minor Participant has the necessary and



ASSUMPTION OF RISK AND RELEASE – Continued

appropriate medical, disability, and life insurance coverage to protect me or the minor Participant and survivors in the event of injury or death. From time to time, MATA may provide no-fault accident coverage for medical expenses arising out of an accident during the Activities (with the Participant's medical insurance being the primary coverage). I understand that such coverage, if available at all, is limited in amount (typically \$5,000), is secondary to any medical coverage, does not cover all activities, and may not cover Participant at all. In signing this release, I am not relying on any promise of accident coverage by MATA and assume such coverage does not exist.

8. Choice of Law and Venue. MATA is located in Snohomish County, Washington. Regardless of the location of any Activities throughout the world, I agree that any dispute arising out of this release agreement or participation in any Activities will be governed by the laws of the State of Washington and venue will be in Snohomish County.

9. RELEASE OF CLAIMS. I RELEASE MATA (AND ANY CO OR RELATED ORGANIZATIONS), THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, VOLUNTEERS (COLLECTIVELY, RELEASED PARTIES), FROM ALL CLAIMS AND LIABILITIES OF ANY KIND, KNOWN OR UNKNOWN, INCLUDING, BUT NOT LIMITED TO, CLAIMS BASED ON THE NEGLIGENCE OF RELEASED PARTIES (EITHER INDIVIDUALLY OR COLLECTIVELY), RELATED TO OR ARISING, DIRECTLY OR INDIRECTLY, FROM MY OR MY CHILD'S (THE PARTICIPANT'S) PARTICIPATION IN THE ACTIVITIES, INCLUDING TRAVEL TO AND FROM THE ACTIVITIES. THIS RELEASE IS BINDING ON ME AND MY PERSONAL REPRESENTATIVE AND HEIRS. I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND WHAT IT SAYS.

10. Publicity Release. I grant MATA permission to record, use, reproduce and publicly display pictures, videos, or audio of my or minor Participant's involvement in the Activities.

Parent/Guardian Signature

Printed Name

Date



CAMPER QUESTIONNAIRE

This page must be completed by the camper.

Name of Camper: _____

How did you hear about MATA's Aviation Summer Camp?

- ☐ Website ☐ Former Summer Camp Student ☐ Home School Conference
☐ Newsletter ☐ Missions Fest ☐ Other: (please explain with detail).

Have you heard of mission aviation before, and if so, where?

Are you interested in mission aviation?

Briefly explain why you want to attend this camp and what you hope to gain from your experience.



CAMPER ESSAY

This page must be completed by **the camper**.

Write a 500-word essay explaining why you want to be a missionary pilot. Include how certain you are of this calling.



CAMPER SELF EVALUATION

This page must be completed by the camper.

Name of Camper: _____

These questions are designed to help you, the applicant, understand the focus of summer camp. Please answer these questions by marking the scale in the appropriate place.

	WEAK	STRONG
1. Do you work well with others?	_____	_____
2. Are you punctual and dependable?	_____	_____
3. Do you have a desire to learn with a teachable spirit?	_____	_____
4. Do you perform and meet high standards?	_____	_____
5. Do you take initiative and assume responsibility when appropriate?	_____	_____
6. Do you listen well to authority?	_____	_____
	NO INTEREST	GREAT INTEREST
7. Are you seeking to know Jesus Christ?	_____	_____
8. Are you considering your future life goals?	_____	_____
9. Are you reading your Bible consistently?	_____	_____
10. Are there opportunities in life that you are excited to explore?	_____	_____
11. Do you feel the desire to change the world for the better?	_____	_____
12. Do you wish to serve God and your fellow man?	_____	_____



CAMPER CODE OF CONDUCT

(Our expectations for you, the camper)

This page must be completed by **the camper**.

Name of Camper: _____

As a MATA Aviation Summer Camp participant, I will strive in every way ...

A. to RESPECT:

- 1) the leadership, my fellow campers, the facilities, property, and equipment.
- 2) the daily schedule – I will be on time for meals, meetings, training, and activities.

B. to DRESS according to the following guidelines for the purpose of safety and respecting those around me:

- 1) **I will NOT wear:**
 - a. clothing with inappropriate logos, images, or words
 - b. dresses, leggings, or skin-tight clothing
 - c. low-cut tops
 - d. shorts above the knee
- 2) **I WILL wear:**
 - a. closed-toe shoes and socks for flying (e.g., tennis shoes, etc.)
 - b. shorts (knee length), jeans, or comfortable pants

C. to ADHERE to not using personal cell phones and/or personal electronic devices at any time. (All exceptions must be previously approved by the camp director or chief flight instructor).

Note: We at MATA will take photos and videos to document your camp experience. You will have access to those photos usually the same day they are taken.

D. to HAVE a servant's heart and a teachable spirit:

- 1) while doing my best to learn all I can from the MATA staff, flight instructors, and missionaries present at the camp
- 2) while assisting and helping during mealtimes or hangar clean-up
- 3) while interacting with and getting to know my fellow campers

Finally, I understand that if at any time my conduct warrants a dismissal from camp, all camp payments will be non-refundable per the MATA Application "Assumption of Risk and Release".

I have read and agree to follow the Camper Code of Conduct.

Signature of Camper

Date