

2017



Camper Information



New Garden Flying Field
July 10-14 August 7-11
www.newgardenflyingfield.com

2017 Future Aviators Summer Camp



New Garden Flying Field, Toughkenamon PA. 610-268-2619

Camper Information

Camper's Full Name: _____

Parent/Guardian's Name: _____

Address: _____

Day Time Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Birth Date: _____ Grade Completed: _____

T-Shirt Size (circle one): Child **S M L** Adult **S M L XL**

Emergency Contact Information

Full Name: _____

Relationship to Camper: _____

Phone Number: _____

Full Name: _____

Relationship to Camper: _____

Phone Number: _____ Email: _____

Day Camp Information

**Camp Title: Future Aviator's Summer Camp Dates: July 10-14, August 7-11
9:00 am-3:00 pm**

Camp Fee: \$375.00/camper for one week or both weeks \$700/camper (Please pack a lunch.)

CHECK which week(s) July 10-14 _____ August 7-11 _____

Early bird and late pickup available. (8am drop and 4:30 pickup) \$100 per week

Please make checks payable to New Garden Township

Credit Card Payment is available with a Visa or MasterCard

Card Number: _____ Exp Date: _____ CVV# _____

Mail to:

Attn: Jonathan Martin (Aviation Director)

299 Starr Road

Landenberg, PA 19350

Introductory Flight/Aviator's Flight Waiver

Included in the cost of the camp is an Introductory Flight from New Garden Flight Connection. Flights will take place Thursday or Friday depending on the weather. Along with the flight your child will receive a logbook with their flight time logged. New Garden Flight Connection will provide commercially rated Flight Instructors for the introductory flights.

Introductory flights are included in the cost of the camp but are optional. (Check One)

Intro Flight (Yes) _____ Intro Flight (No) _____

Medical Form

Camp Title: Future Aviator's Summer Camp

Participant's Name _____ Age _____ Birth Date _____

List any know conditions, diseases, medications, which may limit or restrict the above person in participating in camp activities:

Does your child have any known allergies? _____

Camp staff is not permitted to dispense medication.

I hereby certify that my son/daughter is fully capable of participating in this camp program.

_____ (Date) _____ (Parent's or Guardian's Signature)

Emergency Contact Information
In case of an emergency, please contact:

Name: _____

Relationship: _____ Phone Number(s): _____

LIST PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:

In the event of an emergency, if I cannot be contacted, you have my permission to treat my child.

Signature: _____

Insurance Company: _____ Policy Number: _____

Name of child's physician: _____

Phone Number: _____

Release Statement:

I acknowledge that there are natural hazards associated with activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of New Garden Flying Field, New Garden Township, accepting my child and to the extent permitted and provided by

State Law, I hereby release and forever discharge New Garden Flying Field, New Garden Township, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

_____ (Signature) _____ (Date)

Photo Release:

I hereby give my permission for my child's picture to be used by New Garden Flying Field, New Garden Township publications or video programs.

_____ (Signature) _____ (Date)

Release of Minors:

All campers are released at the end of camp to their parent/guardian or one of the individuals listed on their form. NO EXCEPTIONS! The camp will release the camper to either parent /guardian listed on the application unless directed by a court to do otherwise.

Reminder: Photo identification must be provided at the time pf pickup.

Name: _____ Telephone#: _____
Name: _____ Telephone#: _____
Name: _____ Telephone#: _____
Signature: _____ Date: _____

Please mail registration form to:

Attn: Jonathan Martin
New Garden Township
1235 Newark RD
Toughkenamon PA 19374

Thank you for registering for the Future Aviator's Summer Camp at New Garden Flying Field. I am looking forward to a fun filled, educational week(s). If you know anyone that might be interested in the camp, please pass along this information or have them contact me directly at 610-268-2619.

Jonathan Martin
Aviation Director

Future Aviator's Summer Camp

UDVAR HAZY/ AIR & SPACE TRIP PERMISSION FORM

The FA Summer Camp will be taking a field trip to the National Air and Space Museum Udvar-Hazy Center or the Air & Space depending on the week.

Date:	Wednesday of Camp Week
Time:	7:45:00-6:00
Location:	Udvar-Hazy Center Dulles International Airport or Air and Space DC

Transportation:	Kraph's Coaches
Notes:	

Please return this permission slip by: **Registration**

I give permission for my child, _____, to attend the field trip to Udvar Hazy Center or Air and Space on Wednesday of camp from 7:45 am to 6pm.

Cost of the trip is covered by the Future Aviators Summer Camp. Not included is lunch (McDonalds) on site and any money for the gift shop.

In case of an emergency, I give permission for my child to receive medical treatment. Emergency contact:

(Name)

(Phone Number)

(Parent/Guardian Signature)

(Date)

