



2024

Camp Registration Packet



New Garden Flying Field

July 8th-12th

August 5th - 9th

9:00am - 3:00pm

www.newgardenflyingfield.com



2024 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: **M L** Adult **S M L XL**

Emergency Contact Information

1. Full Name: _____

Relationship to Camper: _____

Phone Number: _____ Email: _____

2. Full Name: _____

Relationship to Camper: _____

Phone Number: _____ Email: _____

2024 Day Camp Information

**Camp Title: Future Aviator’s Summer Camp Dates: July 8th-12th | August 5th-9th
9:00 am-3:00 pm**

Camp Fee: \$425.00/camper for one week or both weeks \$800/camper (Please pack a lunch.)

CHECK which week(s) July 8th-12th _____ August 5th-9th _____

Early bird and late pickup available. (8:00am drop and 4:30pm pickup). \$100 per week.

Please make checks payable to New Garden Township

OR

Credit Card Payment is available with a Visa or MasterCard (***Additional 3.5% service fee will be added.***)

Cardholder Name: _____

Card Number: _____ Exp Date: _____ CVV# _____

Billing Zip Code: _____

Mail to:

Attn: Nicholas Hunter (Future Aviators Program Coordinator)

1235 Newark Rd

Toughkenamon, PA 19374

Introductory Flight/Aviator’s Flight Waiver

Included in the cost of the camp is an Introductory Flight from New Garden Flight School. 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 Flying Field 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)

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 of pickup.

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

Please mail registration form to:

Attn: Nicholas Hunter

New Garden Flying Field, 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 the 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 the airport directly at 610-268-2619.

Jonathan Martin

Aviation Director at New Garden Flying Field

Future Aviator's Summer Camp

UDVAR HAZY CENTER TRIP PERMISSION FORM

The Future Aviators Summer Camp will be taking a field trip to the Steven F. Udvar-Hazy Center in Chantilly, VA.

Date:	Wednesday of Camp Week
Time:	7:45am-6:00pm
Location:	Steven F. Udvar-Hazy Center Chantilly, VA

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 on Wednesday of camp from 7:45am to 6:00pm.

Cost of the trip is covered by the Future Aviators Summer Camp. Not included is lunch (Shake Shack) 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)