

AeroCamp 2021

Camp Information

Registration

The following pages contain the registration form and all medical paperwork to be filled out. Be sure to fill these out and mail/e-mail/ or bring them in with the deposit as soon as possible to hold your child's place. All registrations will be processed on a first come, first serve basis. A minimum of 4 campers are required to run the camp.

Payment

A \$150 deposit is required to hold a camper's reservation. The tuition balance is due by the first day of camp. Campers will receive a t-shirt, water bottle, and logbook at no additional charge.

Cancellations/Refunds

Request for cancellation must be received in writing. No refunds can be given if the request for cancellation is received less than 14 days prior to camp date start. Please allow 2-4 weeks for refunds to be processed.

Camp Staff

The staff at Leading Edge Aviation includes 2-3 instructors with many years of aviation and teaching experience. In addition, there will be an AeroCamp director, Robert Meditz and an assistant director, Tom Harrison. One of the two camp directors will always be present as well the owner Marcel Bisschops. We take our business and the care and safety of every child very seriously.

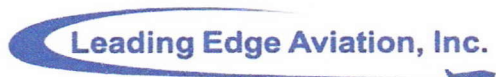
Additional Information

Camp is conducted at 3879 Old Easton Road, Doylestown PA 18902. Check-in for all camps begins at 9:00am. Campers must be picked up promptly at 3pm. For any additional information, visit the website www.doylestownairport.com or give us a call at (215) 340-0707.

Completed forms can be mailed or dropped off to:

Leading Edge Aviation
3879 Old Easton Road
Doylestown, PA 18902

You can also scan and e-mail forms to: Charter@DoylestownAirport.com



CAMPER INFORMATION
(Please print or type information below)

Name: _____
First M Last

Address: _____

Home Phone # _____ Cell # _____

Email _____

Date of Birth: _____ School: _____

Grade (Fall **2021**) _____ Age: _____ Gender: _____

T-Shirt Size M _____ L _____ XL _____

Parent/Guardian Information

Name: _____
First M Last

Address: _____

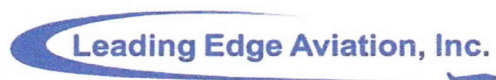
Daytime Phone # _____ Evening Phone # _____

Cell #: _____ Email: _____

Additional persons authorized to pick child up from camp (ID Required):

Name: _____ Cell #: _____

Name: _____ Cell #: _____



AeroCamp Code Of Conduct

Camps are designed for the enjoyment and benefit for all campers involved. With this as the objective, we anticipate that no camper is here who does not want to be here. Should any disciplinary problems occur, we will contact the parent/guardian to come pick up the camper. Please read and sign the AeroCamp code of conduct

Please keep hands and feet to yourself.

Respect other campers, instructors, employees and property.

Please do NOT bring any items of value to camp, or any of the following items:

iPods (or any other music players), hand held video games, chewing gum, ear buds or any other distracting items. Cell phones must be kept away at all times of camp and may be used in emergencies and at lunch if necessary.

Physical aggression, continued disrespect, or continued disruption of camp activities with result in the following: Being sent home immediately. No refunds will be given to campers who are sent home and campers may not be eligible for future camps.

I have read and understand the AeroCamp Code of Conduct and agree to its terms.

Signature of Parent or Guardian

Date

Signature of Camper

Date

Payment

Please write checks to: Leading Edge Aviation

Check # _____

Check Amount: _____

CC: Visa: _____ MC: _____ Discover: _____ AMEX: _____

CC#: _____ Exp: _____ CVV: _____

Signature: _____

Date: _____

MEDICAL INFORMATION AND RELEASE

Leading Edge Aviation, Inc. AeroCamp

Name: _____
First M Last

Address: _____

Date of Birth: _____

Medical Insurance Information

This camper is covered by family medical/hospital insurance: Yes/No

Insurance Company: _____ Policy# _____

Subscriber: _____ Ins Co. Phone # _____

Primary Physician: _____ Phone #: _____

List any chronic or acute or any other relevant medical problems and explain:

List any allergies to pollen, food or medicine: _____

List any medications presently being taken: _____

I acknowledge that the participants immunizations are current: Y _____ N _____

Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. In case of accident or illness, I give permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical billing.

Signature: _____ Date: _____