

## AeroCamp 2023, June 26-29

\*Rain date of June 30 should weather prevent flying earlier in the week

### Camp Information

#### **Registration**

The following pages contain the registration and all medical paperwork to be filled out. Be sure to complete the forms in their entirety and bring them into the Leading Edge Aviation office at 3879 Old Easton Rd, Doylestown, PA 18902 as soon as possible. The forms may be dropped off during our normal office hours of Monday through Friday, from 7:00am until 3:00pm. If you are unable to come during those times, please call the office and speak with Christine. All registrations will be processed on a first come, first serve basis. A minimum of 4 campers is required to hold the camp.

#### **Payment**

A \$150.00 deposit is required to hold a camper's reservation. The remaining tuition balance is due by the first day of camp. Campers will receive a t-shirt, water bottle, and logbook at no additional cost.

#### **Cancellations and Refunds**

Requests for cancellation must be received in writing. No refunds will be given if the request for cancellation is received less than 14 days prior to the first day of camp. Please allow 2-4 weeks for refunds to be processed.

#### **Camp Staff**

The staff at Leading Edge Aviation includes 2 to 3 instructors with many years of aviation and teaching experience. In addition, there will be an AeroCamp Director, Michael Stadelmaier, and an Assistant Director, Tom Sauer. One of the two camp directors will always be present. We take our business and the care and safety of every child very seriously.

#### **Additional Information**

Camp is held at 3879 Old Easton Road, Doylestown, PA 18902 and begins at 9:00am each day. Campers must be picked up promptly at 3pm. Lunch will not be provided. For any additional information, visit the website [www.doylestownairport.com](http://www.doylestownairport.com) or call the office at 215-340-0707.



## CAMPER INFORMATION

Please print or type information below

Name: \_\_\_\_\_  
First and Last

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade in Fall of 2022: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ T-Shirt Size: M L XL XXL

## GUARDIAN INFORMATION

Name: \_\_\_\_\_  
First and Last

Address if different from Camper: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*WE REQUIRE THE CHECK IN/CHECK OUT OF ALL CAMPERS UNDER THE AGE OF 18 BY THEIR LEGAL GUARDIAN\*\* The Guardian MUST come into the office to check the Camper in/out. Another assigned person may drop off/pick up the Camper and this must be arranged with Leading Edge Aviation prior to the scheduled drop off/pick up.**

**If the Camper is driving themselves to/from camp, please indicate as such here. Y N**

Additional Persons Authorized to Pick up Child - ID REQUIRED

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_



## MEDICAL INFORMATION

Name: \_\_\_\_\_

First and Last

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### Medical Insurance Information

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

Insurance Company: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any allergies to food, medicine or other: \_\_\_\_\_

List any current medications: \_\_\_\_\_

List any chronic, acute, or relevant medical issues and explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that the Camper's immunizations are current. Y N

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 my permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical billing.

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



## AeroCamp Code of Conduct

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

Please keep your hands and feet to yourself. Respect other campers, instructors, employees, and property. Please do NOT bring any items of value to camp, including but not limited to: iPods, hand-held video games, chewing gum, ear buds, or any other distracting items. Cell phones must be kept away at all times and may be used in an emergency or at lunch.

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

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

**Signature of Camper:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PAYMENT INFORMATION

Checks should be made payable to: Leading Edge Aviation

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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