



Please fill out the enclosed form and mail to:

The NASTAR Center  
c/o Greg Kennedy  
125 James Way,  
Southampton, PA. 18966

*\*Payment may be made via check or credit card. Please do not email credit card info.*



# NASTAR Camp Registration Information

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Next Fall (Circle One): 4 5 6 7 8

---

## Emergency Contact Information

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Telephone: \_\_\_\_\_

Person(s) authorized to pick up your child: \_\_\_\_\_

---

## Requested Camp Session

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

---



## Credit Card Payment Processing Form

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

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CW2 (Security) Code: \_\_\_\_\_

Amount of Charge/Payment: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_



## NASTAR CAMP PERMISSION AND RELEASE OF LIABILITY

This NASTAR Camp Permission and Release of Liability is executed in consideration for allowing the below named child to participate in the summer day camp program offered by The National AeroSpace Training and Research Center (the "NASTAR Center") at the offices of Environmental Tectonics Corporation ("ETC"), both located at 125 James Way, Southampton, PA 18966.

Dates of Camp: \_\_\_\_\_

**This Release of Liability must be signed by BOTH parents/guardians unless only one parent/guardian has all custody rights.**

**In addition, this Release must be signed by the child if the child is age 18 or above.**

We/I, on behalf of our/my child, and the child (if age 18 or above), do hereby release and forever discharge and agree to hold harmless The NASTAR Center, NASTAR Center LLC, the NASTAR Foundation, and ETC, and their subsidiaries, directors, shareholders, officers, employees, agents and contractors, from any and all loss, liability, claims, or demands of any nature, including but not limited to any injury arising out of any intentional tort or act of negligence, which may be incurred by the undersigned or the child during their participation in the NASTAR Camp educational program at The NASTAR Center and/or ETC. We/I believe that our/my child is physically and mentally capable of participating in the activities of NASTAR Camp.

Furthermore, we/I, on behalf of our/my child assume all risks of personal injury, sickness, death, damage, and expenses as a result of participation in the above-referenced program offered by The NASTAR Center and ETC. We/I verify that you have our/my permission to take my child to the nearest medical facility for emergency treatment, if deemed necessary.

Furthermore, we/I, the undersigned, and the child (if age 18 or above), hereby agree to hold harmless and indemnify The NASTAR Center, NASTAR Center LLC, the NASTAR Foundation, and ETC, and their subsidiaries, directors, shareholders, officers, employees, agents and contractors, for any liability sustained by The NASTAR Center, NASTAR Center LLC, or ETC as a result of the negligent, willful, or intentional acts of the named child/children/student, including any related expenses.

We/I verify that my child may be photographed and that those photographs may be used by The NASTAR Center, the NASTAR Foundation or ETC for promotional purposes.

Name of Child/student: \_\_\_\_\_

**This Release of Liability must be signed by BOTH parents/guardians unless only one parent/guardian has all custody rights.**

\_\_\_\_\_  
PRINT Father's name (or legal guardian)

\_\_\_\_\_  
Father's SIGNATURE (or legal guardian)      Date

\_\_\_\_\_  
PRINT Mother's name (or legal guardian)

\_\_\_\_\_  
Mother's SIGNATURE (or legal guardian)      Date