



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 STEM Camp Registration Information

Student Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Sex: _____ Date of Birth: _____ Grade **Next** Fall: _____

Emergency Contact Information

Contact Name: _____ Relationship to Student: _____

Telephone: _____

Person(s) authorized to pick up your child: _____

Does your child have any special considerations? (allergies, medications, etc.)

Requested Camp Session

First Choice: _____ Second Choice: _____



SCHOOL FIELD TRIP PERMISSION AND RELEASE OF LIABILITY

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

Dates of Camp: _____

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

We/I, on behalf of our/my child, 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 STEM Camp education camp 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 STEM Camp

Furthermore, we/I, on behalf of our/my child, and the child (if age 18 or above), assume all risks of personal injury, sickness, death, damage, and expenses as a result of the above-referenced program at 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, the NASTAR Foundation 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: _____

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



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: _____