



moyeraviation.com  
hitechhelicopters.com

## CAMP INFORMATION

**CAMP DATES:**  
June 23–27, 2025 • July 7–11, 2025  
Ages 13–17

Welcome to Aero Camp! This unique opportunity is designed for children aged 13 to 17 who are interested in aviation. Our camp provides an educational experience through hands-on activities and learning sessions. Each week, we accommodate up to 6 campers, ensuring personalized attention and a quality experience for each participant.

The registration packet you will find on the following pages includes the registration form, medical emergency authorization, pick-up authorization, and general release paperwork that need to be completed. To secure your child's place at Aero Camp, please fill out these forms and submit them along with the deposit as soon as possible. Registrations are processed on a first-come, first-served basis.

### OPTIONS FOR SUBMITTING FORMS:

For your convenience, completed forms can be emailed to [aerocamp@moyeraviation.com](mailto:aerocamp@moyeraviation.com) or mailed to **Moyer Aviation, Inc., 188 Airport Drive, Tobyhanna, PA 18466, Attn: Aero Camp**. Should you have any questions, please do not hesitate to contact **Mary Joan Roth, Camp Director**, at (570) 839-7161 or the email address provided above.



#### Mail:

Moyer Aviation, Inc.  
188 Airport Drive  
Tobyhanna, PA 18466  
Attn: Aero Camp



#### E-mail:

Applications may be emailed to:  
[aerocamp@moyeraviation.com](mailto:aerocamp@moyeraviation.com)



# 2025 CAMP REGISTRATION

**PICK UP & DROP OFF:** Camp is conducted at Moyer Aviation located at Pocono Mountains Regional Airport at 188 Airport Drive, Tobyhanna, PA 18466. Check-in for camp begins Monday morning at 8:45 a.m. All other days, camp begins at 9:00 a.m. Campers must be picked up promptly at 3:00 p.m.

**MEALS:** Campers are required to bring their own lunch each day. The camp will provide beverages.

**DRESS:** Campers should wear close-toed shoes. Sneakers are recommended.

**WEATHER:** In the event of weather issues during camp that prevent flying, every effort will be made to reschedule accordingly.

**CAMP STAFF:** The camp staff includes FAA certified flight instructors. One of the camp directors will be present at all times, as will the executive staff of Moyer Aviation, Inc or Hi-Tech Helicopters, Inc. We take our business, and the care and safety of every child very seriously.

## Camper Information

Please check the box for week attending.  June 23-27  July 7-11

Camper's Full Name:

---

Parent/Guardian's Name:

---

Street Address:

---

City:

State:

Zip Code:

---

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

Full Name:

---

Relationship to Camper:

---

Phone:

Email:

---

---



# 2025 CAMP REGISTRATION

## Camper Information

### Pick-Up Authorization

Camper's Full Name:

---

At the conclusion of each camp session, campers will be released only to their parent or legal guardian, or to an individual explicitly authorized in advance on the camper's designated release form. This policy is strictly enforced with NO EXCEPTIONS to ensure the safety and security of all campers.

In addition to the parent/guardian(s) and emergency contact, please list persons authorized to pick up the above referenced participant. Please Note: A Photo ID must be presented at the time of pick up.

Full Name:

---

Relationship to Camper:

---

Phone:

---

Full Name:

---

Relationship to Camper:

---

Phone:

---

Parent/Guardian Signature:

---

Date:

---

## Medical Emergency Authorization & Health Information

Camper's Full Name:

---

I hereby certify that my child is fully capable of participating in this camp program.

List any known conditions, diseases, medications which may limit or restrict the above person in participating in camp activities:

---

---

List any known allergies:

---

---

**Please Note: Camp staff is not permitted to dispense medication.**



**AERO CAMP**  
**POCONO MOUNTAINS REGIONAL AIRPORT**  
Questions? Contact Mary Joan Roth,  
Camp Director at (570) 839-7161



# 2025 CAMP REGISTRATION

## Camper Information

### Health Insurance Information:

Insurance company:

Policy #

Child's physician:

Physician phone number:

In the event of an emergency, injury, or illness, I authorize Aero Camp to seek and obtain any necessary medical treatment for Camper. I agree to be fully responsible for any and all costs involved in such medical treatment and must reimburse the Aero Camp for any expenditures.

Parent/Guardian Signature:

Date:

## Payment

### REGISTRATION FEE:

Airplane: \$900 per week

### Add ons:

Helicopter \$645 for 1 day

OR Helicopter Discovery Flight \$400

A \$200 non-refundable deposit is required to hold a camper's reservation. The balance of the registration cost is due by June 1, 2025. If are unable to pay the balance by the due date, please contact us as soon as possible. Campers will receive a t-shirt and logbook at no additional charge.

**CANCELLATIONS/REFUNDS:** Requests for cancellation must be received in writing. Deposits are non-refundable. Refunds will be given less the deposit. No refunds will be given if the cancellation request is received less than 7 days before the camp date start. Please allow 2-4 weeks for the processing of refunds.

**Check**

Checks payable to: Moyer Aviation, Inc.

**Credit Card payment**

Cardholder Name:

Card Number:

Expiration Date:

CVV #

Billing Zip Code



**AERO CAMP**  
**POCONO MOUNTAINS REGIONAL AIRPORT**  
Questions? Contact Mary Joan Roth,  
Camp Director at (570) 839-7161



# 2025 CAMP REGISTRATION

## Camper Information

### PARENT/LEGAL GUARDIANS RELEASE FOR MINOR PARTICIPATION

By signing this document you are waiving certain legal rights. Read carefully before signing. Please complete in blue or back ink.

#### GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

I hereby represent that I am the parent or legal guardian of "Participant", who is under the age of 18. For and in consideration of Moyer Aviation, Inc. and Hi-Tech Helicopters, Inc. permitting Participant to participate voluntarily in a Moyer Aviation/Hi-Tech Helicopters AeroCamp<sup>SM</sup> to be held during 2025 at Pocono Mountains Regional Airport located at 188 Airport Drive, Tobyhanna, PA 18466, hereafter referred to as "AeroCamp", I hereby assume all risks associated with AeroCamp, and I release Moyer Aviation, Inc and Hi-Tech Helicopters, Inc, their trustees, employees, students, and agents from all claims, demands, suits, causes of action, or judgements which Participant or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Moyer Aviation, Inc and Hi-Tech Helicopters, Inc or its trustees, employees, students, and agents, arising out of or in any way connected to AeroCamp, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions or negligence of Moyer Aviation, Inc and Hi-Tech Helicopters, Inc or its trustees, employees, students, and agents.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS Moyer Aviation, Inc and Hi-Tech Helicopters, Inc, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGEMENTS WHICH PARTICIPANT OR I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH OUR HEIRS, EXECUTORS OR ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST Moyer Aviation, Inc and Hi-Tech Helicopters, Inc, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE AEROCAMP FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES (INCLUDING LOST OR STOLEN PROPERTY), OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS, OR NEGLIGENCE OF Moyer Aviation, Inc and /or Hi-Tech Helicopters, Inc, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON Moyer Aviation, Inc's and Hi-Tech Helicopters, Inc's BEHALF AND IN Moyer Aviation, Inc's, Hi-Tech Helicopters, Inc's, and AeroCamp's NAME DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION OR JUDGEMENTS DESCRIBED ABOVE. I ALSO AGREE TO BE RESPONSIBLE FOR ANY PROPERTY DAMAGE OR PERSONAL INJURIES THAT PARTICIPANT OR I MAY CAUSE BY INTENTIONAL OR NEGLIGENT ACTS WHILE PARTICIPATING IN AEROCAMP.

#### SPECIAL PROVISION FOR EMPLOYEES OR DEPENDENTS OF MOYER AVIATION, INC OR HI-TECH HELICOPTERS, INC

Notwithstanding any other provision in this Agreement, if you are an employee of Moyer Aviation, Inc or Hi-Tech Helicopters, Inc, or a dependent of such an employee, this release does not waive any valid direct or first-party insurance claims for possible death or any injuries sustained while participating in AEROCAMP.

#### PHOTO RELEASE

PARTICIPANT AND I hereby grant to Moyer Aviation, Inc and Hi-Tech Helicopters, Inc the right to reproduce, use exhibit, display, broadcast, distribute, and create derivative works of flight school related photographs or videotaped images of Participant for use in connection with the activities of the school or for promoting, publicizing, or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the school's newsletter, on their websites, and public relations/promotional materials, such as marketing and admissions publications, advertisements fund-raising materials and any other school related publications. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to, print, broadcast, videotape, CD-ROM, and electronic/online media. All photos taken are without compensation to the participant. All electronic or non-electronic negatives, positives, and prints are owned by the school.



**AERO CAMP**  
**POCONO MOUNTAINS REGIONAL AIRPORT**

Questions? Contact Mary Joan Roth,  
Camp Director at (570) 839-7161



# 2025 CAMP REGISTRATION

## Camper Information

### GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Pennsylvania.

I have read and executed this document with full knowledge of its legal significance.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

Parent/Legal Guardian Name Printed

Minor Participant's mailing address:

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

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



**AERO CAMP**  
**POCONO MOUNTAINS REGIONAL AIRPORT**  
Questions? Contact Mary Joan Roth,  
Camp Director at (570) 839-7161