



## Aviator Sports Summer Day Camp Registration Form 2017 Price sheet

Child's Name

Camp Fees for Ages 3-5	JUNIOR CAMP
Full Summer	\$ 2,685
Session 1	\$ 1,650
Session 2	\$ 1,650
1-week session	\$ 495

Camp Fees for 1 <sup>st</sup> – 3 <sup>rd</sup> Graders	Adventure Camp YOUNGER DIVISION
Full Summer	\$ 2925
Session 1	\$ 1780
Session 2	\$ 1780
1-week session	\$ 530

Camp Fees for 4 <sup>th</sup> – 6 <sup>th</sup> Graders	Adventure Camp OLDER DIVISION
Full Summer	\$ 3050
Session 1	\$ 1805
Session 2	\$ 1805
1-week session	\$ 545

Camp Fees for 7 <sup>th</sup> – 9 <sup>th</sup> Graders	Adventure Camp TEEN DIVISION
Full Summer	\$ 3150
Session 1	\$ 1895
Session 2	\$ 1895
1-week session	\$ 570

### ADDITIONAL SERVICES

\*REGULAR CAMP HOURS ARE FROM 9AM TO 5PM\*

Additional Services (No Discounts Apply)	Bus Transportation (Per Child)	OR	Extended Day Drop off & Pick Up	7:45 AM Drop Off	6:30 P.M. Pick Up
Full Summer	\$650		\$400	\$250	\$250
Session 1	\$400	OR	\$250	\$175	\$175
Session 2	\$400		\$250	\$175	\$175
1-Week Session	\$125		\$95	\$60	\$60

### DISCOUNTS

#### Super Early Bird Discount\*\*:

- \$300 off** if you register for Full Summer Enrollment before December 1<sup>st</sup>, 2016
- \$150 off** if you register for Session Enrollment before December 1<sup>st</sup>, 2016

#### Early Bird Discount\*\*:

- \$150 off** if you register for Full Summer Enrollment before February 1<sup>st</sup>, 2017
- \$75 off** if you register for Session Enrollment before February 1<sup>st</sup>, 2017

#### Referral Discount:

Refer a new family to Aviator Day Camp & you will receive a **\$50 credit** to Aviator Sports Summer Day Camp after they register for full summer

\*PLEASE NOTE: A \$35 ANNUAL AVIATOR MEMBERSHIP IS REQUIRED FOR EACH STUDENT TO REGISTER\*  
\*\*SUPER EARLY BIRD & EARLY BIRD DISCOUNTS CAN NOT BE COMBINED\*\*



**Summer Day Camp 2017  
REGISTRATION FORM**  
HANGAR 5, FLOYD BENNETT FIELD  
BROOKLYN, NY 11234  
**(P):** (718)-758-7550/7510  
**(F):** (718)-758-9801

Office Use Only

Entered in DASH: \_\_\_\_\_

Entered in EXCEL: \_\_\_\_\_

Paid in Full: \_\_\_\_\_

Medical Form: \_\_\_\_\_

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

**PAYMENT & POLICIES**

**Fees worksheet**

	Camp Fee		Bus Fee		Early Stay/ Late Stay		Total		Discount		AMOUNT DUE
<b>Child 1</b>	\$	+	\$	+	\$	=	\$	-	\$	=	\$
<b>Child 2</b>	\$	+	\$	+	\$	=	\$	-	\$	=	\$
	\$	+	\$	+	\$	=	\$	-	\$	=	\$
	\$	+	\$	+	\$	=	\$	-	\$	=	\$

**Terms and Agreements**

- A Non-refundable \$300 deposit is due at the time of registration (per applicable child).
- Any additional Weeks added after time of deposit will be added on at present-day rates.
- Payments are due in FULL on or before June 1<sup>st</sup>, 2017. Payments received after this date will be subject to a **\$50** administrative late fee.
- There are **NO REFUNDS** after June 1<sup>st</sup> 2017.
- All Medical/Extenuating circumstances will be returned in the form of an Aviator Credit.
- There are **NO** Make-up days should your child be absent for any reason.
- Aviator Sports reserves the right to suspend and/or expel any child from the day camp program given proper means of cause.
- An up to date valid medical form (Within one year's time from September 1<sup>st</sup>, 2016) must be on file before June 1<sup>st</sup>, 2017.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL QUESTIONS**

1. Are there any medical, physical, or psychological conditions the camp should know about regarding your child? Any Medications? (Please list anything the camp should be aware about, as we are trying to ensure a safe and exciting summer for all participants)  
\_\_\_\_\_  
\_\_\_\_\_
2. Are there any activity restraints or restrictions for the camper(s)? Any specific instructions for counselors in the group of placement?  
\_\_\_\_\_
3. Are you requesting your child be placed in the same group as another camper(s)? (Aviator Sports Day Camp will try it's best to meet all requests, however we can **NOT** guarantee placement)  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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**First Child's Name**

\_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex: F M  
First Last  
School Attending \_\_\_\_\_ T-Shirt Size (Please Circle) S M L XL XXL

**PLEASE CIRCLE GRADE CHILD IS ENTERING FOR THE UPCOMING SCHOOL YEAR**

Grade in 2017/2018	<b>Ages 3 - 5</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>	<b>6<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>8<sup>th</sup></b>	<b>9<sup>th</sup></b>
<b>DIVISION ENTERING:</b>	<b>JUNIOR</b>	<b>YOUNGER</b>			<b>OLDER</b>			<b>TEEN</b>		

Registration Periods: (please circle one):

<b>Full Summer: (6/29-8/25)</b>	<b>Session 1: (6/29 - 7/28)</b>	<b>Session 2: (7/31 - 8/25)</b>
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If you are choosing weekly registration for any part of the summer, please circle THE WEEKS that your child will be attending camp

*Week 1*	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
6/29-06/30	07/03-07/07	07/10-07/14	07/17-07/21	07/24-07/28	07/31-08/04	08/07-08/11	08/14-08/18	08/21-08/25

**ADDITIONAL SERVICES:** Services listed below are optional; Please Select Required Options:

BUS transportation	OR	Early Drop-off (7:30AM) AND Late Stay (6:30PM)	OR	ONLY Early Drop off (7:30AM)	OR	ONLY Late Stay (6:30PM)
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**Second Child's Name**

\_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex: F M  
First Last  
School Attending \_\_\_\_\_ T-Shirt Size (Please Circle) S M L XL XXL

Grade in 2017/2018	<b>Ages 3 - 5</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>	<b>6<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>8<sup>th</sup></b>	<b>9<sup>th</sup></b>
<b>DIVISION ENTERING:</b>	<b>JUNIOR</b>	<b>YOUNGER</b>			<b>OLDER</b>			<b>TEEN</b>		

\*Our camp divisions are based on your child's grade in the upcoming school year, and correspond to the above chart

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**PERSONAL INFORMATION**

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Primary E-Mail Address \_\_\_\_\_

Health Insurance

Company and Policy # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent(s) Marital Status (Please Mark)    Single    Married    Divorced    Separated    Widowed

Parent Information	Date of Birth	Cell Phone	Work Phone	E-mail
Mother's Name				
Father's Name				

**EMERGENCY CONTACTS (Other than Parent's)**

1. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZED PICK-UPS\***

\*Your child(ren) will NOT be allowed to leave with an individual whose name is not listed as a Parent/Guardian above, or as an authorized Pick-Up below. Emergency Contacts do not constitute an authorized pick-up and must be listed in the separate column below as well. Siblings Under the age of 16 will not be allowed to pick up any child in camp(s) programs.

1. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**How did you hear about us? (Please Specify)**

- Friend, if so who: \_\_\_\_\_    Newspaper    Flyers    Radio    Email from Aviator  
 Other (please specify) \_\_\_\_\_

**NEW CAMPER (S):**    Yes    No, this will be my child's \_\_\_ year at the Aviator Sports Day Camp



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**Consent/Release Form**

**Child(ren)'s Name** \_\_\_\_\_  
**Parent/Guardian Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**General/Photo Consent**

As parent/guardian of the above named child/children, I agree to allow my child to participate in all programs/trips and allow the use of any photographs or videos for media materials related to both the programs of the Summer Day Camp and any other applicable program managed/organized by Aviator Sports and its entities. I also hereby agree and understand that I am entitled to receive no compensation for any of the materials that may be used in these promotions.

Signature \_\_\_\_\_

**Swimming Consent**

As parent/guardian of the above named child/children, I give permission to my child/children to go swimming in the pools located at the Aviator Sports Summer Day Camp for the duration of their camp attendance.

Signature \_\_\_\_\_

**Rock Climbing Consent**

As parent/guardian of the above named child/children, I give my child/children permission to participate in the Rock Climbing Activity located in the Aviator Sports Facility.

Signature \_\_\_\_\_

**Gymnastics/Ice Skating Consent**

As parent/guardian of the above named child/children, I give my child/children permission to participate in both the Ice Skating and Gymnastics activities located in the Aviator Sports Facility.

Signature \_\_\_\_\_

**Trip & Transportation Release**

As parent/guardian of the above named child/children, I hereby release the Aviator Sports Summer day Camp from all liability arising out of his/her transportation on the school bus to or from Aviator Sports Summer Day Camp and throughout all the extra curriculum activities including daily trips. I give permission to attend all trips with Aviator Day Camp during the summer of 2017.

*If a child is enrolled for bus transportation, I understand that morning pick-up and evening drop off must be at the same location. Morning bus pick-up and evening drop off times are determined by the transportation provider, based on area, number of campers in attendance and distance from the camp facility. Buses will not be returning to pick up campers if they miss their morning pick-up bus time. Aviator Sports Day Camp does not guarantee the accuracy or consistency of listed pick up-drop off times.*

Signature \_\_\_\_\_

**Dismissal Consent**

Campers age **12 and up** will be allowed to leave on their own after 5 o'clock with parental consent. To ensure your child's safety we ask you to sign the consent form which will allow us to release your child from camp.

As parent/guardian of the above named child/children, I give permission to **leave camp** on his/her own after five o'clock.

Signature \_\_\_\_\_

**NO**, I do not give my child permission to **leave camp** on his/her own. Signature \_\_\_\_\_



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**Child(ren)'s Name** \_\_\_\_\_  
**Parent/Guardian Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Medical Release Agreement**

As parent/guardian of the above named child/children, I give my permission for my child/children to receive whatever emergency medical care that may be deemed needed by Aviator Sports Summer Day Camp personnel for the treatment of any injury that may be incurred while in the Camp's activities or swimming on premises or elsewhere.

I understand Aviator Sports Day Camp will attempt to contact the listed guardians and if unreachable an emergency contact before or immediately after such emergency treatment is rendered.

**Medical form is due June 1<sup>st</sup>, 2017 no child will be allowed to start before a complete medical form is on file.**

Signature \_\_\_\_\_

**Participant Release of Liability and Assumption Risk Agreement**

I hereby acknowledge and recognize that all activities within the Aviator Sports Summer Day Camp involves inherent risks, dangers, and hazards which can cause serious personal injury or death. I understand that despite Aviator Sports & Events Center's best efforts, not all inherent risks can be eliminated from the Activity. As such, I hereby freely assume and voluntarily accept all known and unknown risks of serious injury or death while participating in the activities at Aviator Sports & Events Center. My child's participation in the activities is voluntary, and I recognize that they are participating despite knowledge of the inherent risks of the activities. I acknowledge that the staff of Aviator Sports & Events Center has been available to more fully explain to me the nature of, and inherent risks in the activities. I further acknowledge and recognize that the best way to reduce the risks of serious injury or death is to use common sense and obey all posted signage.

Parent/Guardian Signature: \_\_\_\_\_

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