

Aviator Sports & Events Center
Aviator After School Program 2015/16 Registration Form
 T: 718-758-7510 F: 718-758-9801
 www.aviatorsports.com



Participant Information

School: _____

Childs Name: _____ Gender: _____ Birthday: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Email: _____

Contacts

Guardian 1: _____ Guardian 1: _____
 Phone #: _____ Phone #: _____
 Work #: _____ Work #: _____

Emergency Contact 1: _____ Phone #: _____
 Emergency Contact 2: _____ Phone #: _____

Authorized Pickup (other then emergency contacts & guardians)

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Months	Holiday Break Dates
<input type="checkbox"/> September	9/14,9/15,9/23 & 9/24
<input type="checkbox"/> October	10/12
<input type="checkbox"/> November	11/3, 11/11
<input type="checkbox"/> December	12/28-1/1
<input type="checkbox"/> January	1/18
<input type="checkbox"/> February	2/15-2/19
<input type="checkbox"/> March	3/25
<input type="checkbox"/> April	4/25-4/29
<input type="checkbox"/> May	
<input type="checkbox"/> June	

Days per Week

1 Day a week 2 Days a week 3 Days a week
 4 Days a week 5 days a week

If less than 5 days, which days?

Monday Tuesday Wednesday
 Thursday Friday

Activities:

Ice-skating, Gymnastics, Basketball, Turf, Arts & Crafts

After School Cost:

Before September 30th

Days Per week	Price
1	\$175
2	\$250
3	\$345
4	\$395
5	\$440

After September 30th

Days Per week	Price
1	\$190
2	\$280
3	\$375
4	\$430
5	\$480

Pay In Full By September 1st : \$3,500 for the year!

Auto debit price: \$440 all year!

\$35 annual Aviator membership required

15% Sibling Discount (sibling discount cannot be used towards paid in full price)

Credit Card Information:

I would like to store my credit card information for automated payments or over the phone payments

Card holders name: _____ Card #: _____ Exp: _____

Please Read and Sign:

I hereby agree that the information on this form to the best of my knowledge is correct. **I understand and agree to pay all outstanding balances before the 5th of each month unless you are participating in auto-payments.** I agree to allow my child to participate in all programs and trips and allow the use of photographs or video for future publicity materials unless otherwise specified. I understand that by signing this agreement, I adhere to all the policies and procedures outlined by the Aviator Sports After-school Director. This signature also authorizes the payment information stated on this form.

If registering before September 2015 a \$50 deposit is required and will be deducted from your first months bill.

▪ There are **NO** make-up days should your child be absent for any reason nor will there be any discount if your child doesn't attend any of the break camps.

Payment is due on the 1st of every month. If you sign up for auto debit you may make payment on the 15th of the month.

Any Auto debit accounts which are declined will be charged an additional \$25 fee for that month.

Any child picked up after 6:00 will be charged \$10 for the first half hour and \$15 after that.

▪ Deposits are non-refundable once the month begins, if a child is pulled from the program the parent will be pro-rated for the days left of the month and given an Aviator Sports credit.

I understand the brochure contains additional rules which I also must be aware of.

- I understand that Aviator reserves the right to stop services due to low enrollment in a particular school.
- An up to date medical must be on file for your child to participate in the after-school program.
- Aviator Sports reserves the right to suspend and/or expell any child from the After-school program

Participants Release of Liability and Assumption Risk Agreement:

I hereby acknowledge and recognize that all active sports involve inherent risk, dangers, and hazards, which can cause serious personal injury or death. I understand that despite Aviator Sports & Events best efforts, not all inherent risks can be eliminated from the activity. As such, I hereby freely assume and voluntary accept all known and unknown risks of serious injuries or death while participating in the activity at Aviator Sports & Events Center.

My participation in the activity is voluntary, and I recognize that I'm participating despite knowledge of the inherent risks of the activity. 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 activity. 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: _____