

**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: \_\_\_\_\_