



**Aviator Gymnastics & Ninja Warrior/Parkour
Summer Day Camp – Half Day & Full Day options
Registration Form 2018
Price sheet**

Child's Name

**Camp Fees for
Full Day Gymnastics**

**Ages 5-16
9am-4pm**

1 Week	\$450	5 Weeks	\$1875
2 Weeks	\$850	6 Weeks	\$2250
3 Weeks	\$1200	7 Weeks	\$2625
4 Weeks	\$1500		

**Camp Fees for
Half Day / 8 Weeks**

**Ages 3-16
9am-12:15pm**

8 Weeks / 5 Days	\$1,800
8 Weeks / 4 Days	\$ 1,440
8 Weeks / 3 Days	\$ 1080
8 Weeks / 2 Days	\$ 720
8 Weeks / 1 Day	\$ 360

**Camp Fees for
Half Day / 7 Weeks**

**Ages 3-16
9am-12:15pm**

7 Weeks / 5 Days	\$ 1,575
7 Weeks / 4 Days	\$ 1,260
7 Weeks / 3 Days	\$ 945
7 Weeks / 2 Days	\$ 630
7 Weeks / 1 Day	\$ 315

**Camp Fees for
Half Day / 6 Weeks**

**Ages 3-16
9am-12:15pm**

6 Weeks / 5 Days	\$ 1,350
6 Weeks / 4 Days	\$ 1080
6 Weeks / 3 Days	\$ 810
6 Weeks / 2 Days	\$ 540
6 Weeks / 1 Day	\$ 270

**Camp Fees for
Half Day / 5 Days**

**Ages 3-16
9am-12:15pm**

5 Weeks / 5 Days	\$ 1,125
5 Weeks / 4 Days	\$ 900
5 Weeks / 3 Days	\$ 675
5 Weeks / 2 Days	\$ 450
5 Weeks / 1 Day	\$ 225

**Camp Fees for
Half Day / 4 Weeks**

**Ages 3-16
9am-12:15pm**

4 Weeks / 5 Days	\$ 900
4 Weeks / 4 Days	\$ 720
4 Weeks / 3 Days	\$ 540
4 Weeks / 2 Days	\$ 360

**Camp Fees for
Half Day / 3 Weeks**

**Ages 3-16
9am-12:15pm**

3 Weeks / 5 Days	\$ 675
3 Weeks / 4 Days	\$ 540
3 Weeks / 3 Days	\$ 405
3 Weeks / 2 Days	\$ 270

DISCOUNTS

*Sibling Discount - \$50 off total registration for your second, third, etc. child.

Total Discounts Received

Total: \$ _____

***PLEASE NOTE: A \$35 ANNUAL AVIATOR MEMBERSHIP IS REQUIRED FOR EACH CAMPER TO REGISTER*
HALF DAY CAMPERS BEGIN JULY 9TH**



Aviator Gymnastics & Ninja Warrior/Parkour

Summer Day Camp Registration Form 2018

(P): (718)-758-7575

(E): Gymnastics@aviatorsports.com

ADDITIONAL SERVICES FOR FULL DAY CAMP

REGULAR CAMP HOURS ARE FROM 9AM TO 4PM

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

PAYMENT & POLICIES

Fees worksheet

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

Terms and Agreements

- Full payment or an Auto-debit form 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, per week rates.
- Payments are due in FULL on or before June 1st, 2018. Payments received after this date will be subject to a \$35 administrative late fee.
- There are **NO REFUNDS** after June 1st 2018.
- 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.

Signature of Parent/Guardian _____ Date _____



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Summer Day Camp
Registration Form 2018
(P): (718)-758-7575
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PERSONAL INFORMATION

Home Address: _____ Apt # _____ City _____ State _____ Zip _____

Home Phone Number: _____ Primary E-Mail Address _____

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

Are there any medical, physical, or psychological conditions the camp should know about regarding your child? Any Medications? Any Allergies? (Please list anything the camp should be aware about, as we are trying to ensure a safe and exciting summer for all participants)

EMERGENCY CONTACTS (Other than Parent's)

1. Full Name: _____ Relationship _____ Phone _____

2. 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) _____



Aviator Gymnastics & Ninja Warrior/Parkour
Summer Day Camp
Registration Form 2018
(E): Gymnastics@aviatorsports.com
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 _____

Dismissal Consent

Campers age **12 and up** will be allowed to leave on their own after 4 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 FOUR o'clock.

Signature _____

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

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 Gymnastics Camp will attempt to contact the listed guardians and if unreachable an emergency contact before or immediately after such emergency treatment is rendered.

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: _____

Auto-Debit Authorization Form – Gymnastics & Ninja Warrior/Parkour Summer Camp 2018

Payment Plan

Aviator Sports and Events * Hangar 5, Floyd Bennett Field* Brooklyn, NY 11234 * 718.758.7575

How Auto-Debit works:

You authorize regularly scheduled payments to be made from your Credit Card below. Your payment will be made automatically and proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until August 31, 2018.

1. Fill in your name and phone number (please print!).
2. Initial where indicated.
3. Fill in your Credit Card provider's name, number, your account number, expiration date and CCV
4. Sign and date form.
5. Please: MC/VISA, American Express and Discover. **No Check Cards**

Child's Name (PLEASE PRINT) _____

Parent's Name (PLEASE PRINT) _____ Phone Number _____

I authorize **Arklow- FBF LLC**, d/b/a Aviator Sports and Events Center to initiate electronic debit entries to my Credit Card for payment of \$ _____ **on the following dates: Day of Registration, May and June 1, 2018.**

Over-draft fee: **\$100.00**

If your account is overdrawn, you will be required to pay the remaining amount due for the class plus \$100 fee and this agreement will be terminated. _____ *initials*

Early termination fee: **\$50 .00**

If you must cancel your Auto-Debit authorization within the required Summer semester, you will be charged \$50.00 plus the remaining amount due for the class. _____ *initials*

Financial Institution Name (PLEASE PRINT) _____

Credit Card Number _____

Expiration Date (MM/YY) _____

CCV# _____ (last three digits on the back of the card)

Signature _____ Date of Signature _____