

Aviator Gymnastics & Ninja Warrior/Parkour Summer Camp Info

Full Day Gymnastics/Ninja Warrior/Parkour Camp (Ages 5-16) 9:00am-4:00pm Monday-Friday. This camp will participate in both gymnastics and ninja warrior activities.

Offered the weeks of July 8, 15, 22, 29, Aug. 5, 12 & 19. – can register for any number of weeks 1-7. Must register for a full week. **There are no make ups for missed camp days.**

Half Day Gymnastics/Ninja Warrior/Parkour Camp (Ages 3-16) 9:00am-12:15pm Tuesday/Thursday.

Offered July 9-Aug. 29. This program is offered for 8-weeks. You can register for 2-8 weeks. You must come on both Tues/Thurs each week you are registered. **There are no make ups for missed camp days.**

We strive to build self-esteem, fitness, good health habits and positive interaction with others in a fun and safe environment while providing the highest quality instruction. Gymnastics & Ninja Warrior/PK are activities that build a great foundation for all sports. The attention to detail and concentration needed to attain even the fundamental skills; develops patience, perseverance, discipline and a good work ethic. The joy of achievement is the most rewarding aspect of these sports.

The goal of the Aviator Gymnastics Center is to provide outstanding and comprehensive programming that is as unique and diverse as the community we serve. The Aviator Sports and Events gymnastics programs feature professional coaches with a wide variety of backgrounds and experience.

Our camps are structured in groups and divided by ability & age. To ensure a safe and organized atmosphere, we keep a low student-to-instructor ratio (8:1). We promote respect and appreciation for sport through gymnastics & ninja warrior/parkour, by nurturing the mental and physical development of our students.

Pre and Post Camp Supervision for full day campers. Pre Camp Supervision is also offered to half day camp.

Our full day camp hours are from 9:00 am through 4:00 pm and for your convenience we offer both a pre camp and post camp supervision where you will be able to drop off your child at 7:45 am or pick up your child at 6:30 pm.

Lunch and Snacks

Half Day campers will be provided with a mid-morning snack. Full Day Campers will be provided with a lunch. Aviator offers a great lunch variety everyday at camp. They are kid friendly. All meals and snacks are included in your camp fees.

Bus Transportation

A bus service is provided for full day campers throughout several locations in Brooklyn and Queens. Please contact the camp department at 718-758-7510 or jvasquez@aviatorsports.com.

Sample Day - Full Day Gymnastics/Ninja Warrior/Parkour Camp

9:00-9:30	Campers arrive / warm up
9:30-11:45	Rotations 1-4 & Kids fitness challenge (teaching kid's basic exercises to keep them fit!)
11:45-1:10	Lunch & Craft
1:10-2:15	Sporting Activity/game
2:15-3:45	Rotations 5-7
3:45-4:00	Campers prepare for dismissal and depart

Rotations Include:

Vault, bars, beam, floor, tumble track, trampoline, rope swing, pit, games, parkour obstacles, ninja warrior zone & outdoor play.

*Activity and rotation schedule is subject to change.

Sample Day- Half Day Gymnastics/Nina Warrior/Parkour Camp

9:00-9:30 Campers arrive / warm up
9:30-10:30 Rotations 1-3
10:30-11:10 Snack & Craft
11:10-12:10 Rotation 4 & Kids fitness challenge (teaching kid's basic exercises to keep them fit!)
12:10-12:15 Campers prepare for dismissal and depart

Gymnastics Rotations Include:

Vault, bars, beam, floor, tumble track, trampoline, rope swing, pit and games.

Ninja Warrior/Parkour Rotations Include:

Parkour modular setup with wood boxes and metal rails. This setup is fully customizable and coaches will change the layout every week to create fun and challenging ways to test athlete's parkour skills. Ninja warrior course complete with the ringtoss, unstable bridges, cannonball alley, cargo net swing, rumbling dice, spider wall, TWO warped walls, and more.

*Activity and rotation schedule is subject to change.

Pricing

Full Day Camp

1 Week \$450
2 Weeks \$900
3 Weeks \$1,350
4 Weeks \$1,800
5 Weeks \$2,250
6 Weeks \$2,650
7 Weeks \$3,100

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

*Multi-week discount - \$50 off total registration if you register for 6 or 7 weeks.

Half Day Camps

1 week = \$95
2 weeks = \$190
3 weeks = \$285
4 weeks = \$380
5 weeks = \$475
6 weeks = \$570
7 weeks = \$665
8 weeks = \$760

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

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	\$425	\$275	\$185	\$185
7 Week session	\$695	\$450	\$275	\$275
1-Week Session	\$135	OR \$100	\$65	\$65

AVIATOR SPORTS & EVENTS CENTER

VISITOR'S WARNING, ACKNOWLEDGEMENT OF RISKS, INDEMNIFICATION AND RELEASE AGREEMENT

I hereby acknowledge and agree that all Active Sports, including but not limited to soccer, ice skating, gymnastics and rock climbing (individually and collectively "the Activity") involve inherent risks, dangers, and hazards and are physically demanding. **I VOLUNTARILY AGREE TO EXPRESSLY ASSUME** full responsibility for any risk of injury, including but not limited to serious personal injury, property damages, or death which may occur while at ARKLOW-FBF d/b/a AVIATOR SPORTS & RECREATION, a/k/a AVIATOR SPORTS & EVENTS CENTER ("Aviator" or "Licensor"), or which arise from or relate in any way to the Activity, this Agreement and/or the use of equipment (including rental equipment)(the "equipment"), or the facilities at Aviator or the Premises of the National Park Service (collectively "Premises").

I acknowledge that it is my responsibility and the responsibility of each participant to read, understand and abide by posted signage, such as but not limited to the Code of Ice Skating Responsibility, and to follow the instructions of Aviator's operating staff. Failure to follow the code of conduct for any Activity, or the posted signage or instructions, may result in the termination of Participant's use of Aviator facilities, the Premises and/or equipment without refund.

I also acknowledge and agree that I and all participants must abide by all rules and regulations currently in effect or which may be announced from time to time by Aviator or any of its representatives relating to the operation and use of the Premises, fixtures, equipment, facilities and related services. I agree to use and maintain such Premises, fixtures, equipment, facilities and related services in a safe and sanitary manner, and in accordance with the then-current Facility Usage Rules.

Gymnastics

Requests for refunds (not including a \$50 processing fee, membership fee, and any classes up to the date of cancellation) must be in writing.

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 (full day campers only)

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 _____

As parent/guardian of the 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 _____

By signing this **WARNING, ACKNOWLEDGEMENT OF RISKS, INDEMNIFICATION AND RELEASE AGREEMENT**, I acknowledge that I have read, understand and agree with everything set forth above. Furthermore, I am the Parent/Guardian of the child/children listed and I am aware, all of the above pertains to each child as well.

Child(s) Name: _____

Parent/Guardian Signature: _____ Date: _____

Personal Information

Parent/Guardian: _____ Male/Female D.O.B.: _____
(Print Name)

Second Parent/Guardian: _____ Male/Female D.O.B.: _____
(Print Name)

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Other #: _____

E-mail Address: _____

Emergency Contact Name/Relationship/Number: _____

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)

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.

Child's Name(s): _____

Registration Information

First Child's Name

_____ Birth Date ____/____/____ Age _____ Sex: F M

FULL DAY CAMP - Please circle THE WEEK(S) that your child will be attending camp

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
07/8-07/12	07/15-07/19	07/22-07/26	07/29-08/02	08/05-08/9	08/12-08/16	08/19-08/23

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

BUS transportation
 OR
 Early Drop-off (7:45AM) AND Late Stay (6:30PM)
 OR
 ONLY Early Drop off (7:45AM)
 OR
 ONLY Late Stay (6:30PM)

HALF DAY CAMP-Please circle THE WEEK(S) that your child will be attending camp

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
7/9 & 7/11	7/16 & 7/18	7/23 & 7/25	7/30 & 8/1	8/6 & 8/8	8/13 & 5/15	8/20 & 8/22	8/27 & 8/29

Second Child's Name

_____ Birth Date ____/____/____ Age _____ Sex: F M
First Last

FULL DAY CAMP - Please circle THE WEEK(S) that your child will be attending camp

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
07/8-07/12	07/15-07/19	07/22-07/26	07/29-08/02	08/05-08/9	08/12-08/16	08/19-08/23

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

Door to Door BUS transportation
 OR
 Early Drop-off (7:45AM) AND Late Stay (6:30PM)
 OR
 ONLY Early Drop off (7:45AM)
 OR
 ONLY Late Stay (6:30PM)

HALF DAY CAMP-Please circle THE WEEK(S)/DAY(S) & TYPE of camp that your child will be attending

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
7/9 & 7/11	7/16 & 7/18	7/23 & 7/25	7/30 & 8/1	8/6 & 8/8	8/13 & 5/15	8/20 & 8/22	8/27 & 8/29

For office use only

Total Due: _____
 Dash: _____ Payment plan: _____ Waiver: _____
 Excel: _____

Auto-Debit Authorization Form – Gymnastics & Ninja Warrior/Parkour Summer Camp 2019

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, June 1st & July 1st, 2019.**

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 _____