



Aviator Sports Summer Day Camp Registration Form 2020 Price sheet

Child's Name

Camp Fees for Ages 3 & 4	JUNIOR CAMP
Full Summer	\$ 2,825
Session 1	\$ 1,750
Session 2	\$ 1,750
1-week session	\$ 525

Camp Fees for K – 3 rd Graders	Adventure Camp YOUNGER DIVISION
Full Summer	\$ 3070
Session 1	\$ 1850
Session 2	\$ 1850
1-week session	\$ 550

Camp Fees for 4 th – 6 th Graders	Adventure Camp OLDER DIVISION
Full Summer	\$ 3195
Session 1	\$ 1895
Session 2	\$ 1895
1-week session	\$ 575

Camp Fees for 7 th – 9 th Graders	Adventure Camp TEEN DIVISION
Full Summer	\$ 3295
Session 1	\$ 1985
Session 2	\$ 1985
1-week session	\$590

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	\$695		\$450	\$275	\$275
Session 1	\$425	OR	\$275	\$185	\$185
Session 2	\$425		\$275	\$185	\$185
1-Week Session	\$135		\$100	\$65	\$65

DISCOUNTS

SIBLING DISCOUNT:

- \$200 off second child if you register A for Full Summer Enrollment
- \$100 off second child if you register for Session Enrollment

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 2020
REGISTRATION FORM
 HANGAR 5, FLOYD BENNETT FIELD
 BROOKLYN, NY 11234
 (P): (718)-758-7518/7550
 (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
Child 1	\$	+	\$	+	\$	=	\$	-	\$	=	\$
Child 2	\$	+	\$	+	\$	=	\$	-	\$	=	\$
	\$	+	\$	+	\$	=	\$	-	\$	=	\$
	\$	+	\$	+	\$	=	\$	-	\$	=	\$

Terms and Agreements

- A Non-refundable \$500 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 1st, 2020. Payments received after this date will be subject to a **\$50** administrative late fee.
- There are **NO REFUNDS** once registered for programming.
- 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 1st, 2019) must be on file before June 1st, 2020.

Signature of Parent/Guardian _____ Date _____

CREDIT CARD INFORMATION

I _____ would like to store my credit card information for automated payments, or for payments made at any time over the phone.

Card holders name _____ Card # _____ Exp. _____

Signature: _____ Date _____

FRIEND REQUEST INFORMATION

1. 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)



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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 2019/2020	Ages 3 & 4	K/1st	2nd	3rd	4th	5th	6th	7th	8th	9th
DIVISION ENTERING:	JUNIOR	YOUNGER			OLDER			TEEN		

Registration Periods: (please circle one):

Full Summer: (6/29-8/21)	Session 1: (6/29 – 7/24)	Session 2: (7/27 – 8/21)
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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 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
06/29-07/03	07/06-07/10	07/13-07/17	07/20-07/24	07/27-07/31	08/03-08/07	08/10-08/14	08/17-08/21

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 2018/2019	Ages 3 & 4	K/1st	2nd	3rd	4th	5th	6th	7th	8th	9th
DIVISION ENTERING:	JUNIOR	YOUNGER			OLDER			TEEN		

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

Registration Periods: (please circle one):

Full Summer: (6/29-8/21)	Session 1: (6/29 – 7/24)	Session 2: (7/27 – 8/21)
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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 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
06/27-07/05	07/08-07/12	07/15-07/19	07/22-07/26	07/29-08/02	08/05-08/09	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 (7:30AM) AND Late Stay (6:30PM)	OR	ONLY Early Drop off (7:30AM)	OR	ONLY Late Stay (6:30PM)
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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: _____
- Mommy Poppins NY Metro Parent BRKLYNER The Tablet Daily News Facebook Offer
- Other (i.e.; word of mouth – social media - email) _____

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 2019.

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 1st, 2020. 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: _____