# Aviator Sports Summer Day Camp
## Registration Form 2020
### Price sheet

## Camper Fees

### Junior Camp
- **Ages 3 & 4**
  - **Junior Camp**
    - Full Summer: $2,825
    - Session 1: $1,750
    - Session 2: $1,750
    - 1-week session: $525

### Older Camp
- **Ages 4th – 6th Graders**
  - **Older Division**
    - Full Summer: $3195
    - Session 1: $1895
    - Session 2: $1895
    - 1-week session: $575

### Younger Camp
- **Ages 7th – 9th Graders**
  - **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)**

<table>
<thead>
<tr>
<th></th>
<th>Full Summer</th>
<th>Session 1</th>
<th>Session 2</th>
<th>1-Week Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>$695</td>
<td>$425</td>
<td>$425</td>
<td>$135</td>
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<tr>
<td>Extended Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drop off &amp; Pick Up</td>
<td>$450</td>
<td>$275</td>
<td>$275</td>
<td></td>
</tr>
<tr>
<td>7:45 AM Drop Off</td>
<td></td>
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<td>$185</td>
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<tr>
<td>Pick Up</td>
<td></td>
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</table>

### 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

### PAYMENT & POLICIES

#### Fees worksheet

<table>
<thead>
<tr>
<th></th>
<th>Camp Fee</th>
<th>Bus Fee</th>
<th>Early Stay/Late Stay</th>
<th>Total</th>
<th>Discount</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 1</td>
<td>$</td>
<td>+ $</td>
<td>+ $</td>
<td>= $</td>
<td>- $</td>
<td>= $</td>
</tr>
<tr>
<td>Child 2</td>
<td>$</td>
<td>+ $</td>
<td>+ $</td>
<td>= $</td>
<td>- $</td>
<td>= $</td>
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#### 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)

____________________________________________________________________________________
**First Child’s Name**

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Birth Date / /</th>
<th>Age</th>
<th>Sex: F M</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

School Attending __________________________

T-Shirt Size (Please Circle) S M L XL XXL

**PLEASE CIRCLE GRADE CHILD IS ENTERING FOR THE UPCOMING SCHOOL YEAR**

<table>
<thead>
<tr>
<th>Grade in 2019/2020</th>
<th>Ages 3 &amp; 4</th>
<th>K/1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
<th>9th</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUNIOR</td>
<td>YOUNGER</td>
<td>OLDER</td>
<td>TEEN</td>
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</tbody>
</table>

**DIVISION ENTERING:**

**Registration Periods:** (please circle one):

- Full Summer: (6/29-8/21)
- Session 1: (6/29 – 7/24)
- Session 2: (7/27 – 8/21)

If you are choosing weekly registration for any part of the summer, please circle THE WEEKS that your child will be attending camp:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/29-07/03</td>
<td>07/06-07/10</td>
<td>07/13-07/17</td>
<td>07/20-07/24</td>
<td>07/27-07/31</td>
<td>08/03-08/07</td>
<td>08/10-08/14</td>
<td>08/17-08/21</td>
</tr>
</tbody>
</table>

**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)

**Second Child’s Name**

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Birth Date / /</th>
<th>Age</th>
<th>Sex: F M</th>
</tr>
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School Attending __________________________

T-Shirt Size (Please Circle) S M L XL XXL

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<td>07/08-07/12</td>
<td>07/15-07/19</td>
<td>07/22-07/26</td>
<td>07/29-08/02</td>
<td>08/05-08/09</td>
<td>08/12-08/16</td>
<td>08/19-08/23</td>
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- 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)

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

<table>
<thead>
<tr>
<th>Parent Information</th>
<th>Date of Birth</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Name</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Father’s Name</td>
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</tbody>
</table>

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
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 ________________________________
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: ______________