

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

7 th – 9 th 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)		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:

- $\ \square$ \$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 U	se 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, 2018) must be on file before June 1st, 2020.

Signature of Parent/Guardian	Date					
I would like to store r or for payments made at	ny credit card information for automated payments,					
Card holders name						
Card # Exp	CVV:					
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

06/27-07/05

07/08-07/12

07/15-07/19

F	irst				Last		I	Birth Date_	/	'/.	A	ge		Sex:	F M
School A								T-Shirt Siz	e (Plea	se Circle) S	M L	XL XX	L	
	PL	EASE	CIRC	LE G	RAI	DE CHIL	D IS ENT	ERING	FOR	THE U	JPCOM	ING	SCHO	OL YEAR	
Grade 2019/2		Ages	3 & 4	K/ 1	7/1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th							8 th	9 th		
DIVIS:		JUNIOR YOUNGER O								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)														
If you a							t of the sum								ng camp
	Wee		Week 2			eek 3	Week 4	Week			ek 6		leek 7	Week 8	\dashv
	06/29-	07/03	07/06-07	/10	0//1	.3-07/17	07/20-07/24	07/27-0	//31	08/03	-08/07	08/1	.0-08/14	08/17-08/21	
		AI	DDITION	NAL S	ERV	ICES: Sei	rvices listed	below are o	ption	al; Pleas	se Select	Requ	ired Optic	ons:	
В	US trar	sporta	tion	OR		Early Drop AND Late :	o-off (7:30AN Stay (6:30PN	1) (1) OR	ON	LY Early (7:30	Drop off AM)	C	OR ONL	Y Late Stay ((6:30PM)
Seco	nd Cl	hild's	s Nam	е											
F	irst				Last		[Birth Date_	/	'/_	A	ge		Sex:	F M
School A	ttending							T-Shirt Siz	e (Plea	se Circle) S	M L	. XL XX	L	
Grade 2018/2		Ages	3 & 4	K/ 1	L st	2 nd	3 rd	4 th		5 th	6 th		7 th	8 th	9 th
DIVIS:		JUN	NIOR			YOUNGE	:R		0	LDER				TEEN	
*Our camp divisions are based on your child's grade in the upcoming school year, and correspond to the above chart															
Registrat	ion Peri	iods: (pl	ease circl	e one):	:										
		Ful	l Summe	er: (6	/27	-8/23)	Session 1	.: (6/27 –	7/27	') :	Session	2: (7	//29 – 8/	23)	
If you are	e choosi	ng weel	kly registra	ation f	or an	y part of th	e summer, ple	ase circle TI	HE WE	EKS that	your child	l will b	e attendin	g camp	
	Wee	k 1	Week 2	2	W	eek 3	Week 4	Week	5	Wee	ek 6	W	leek 7	Week 8	

07/29-08/02

08/05-08/09

08/12-08/16

08/19-08/23

07/22-07/26



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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OR

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(F): (718)-758-9801

SPURIS & EVE	ENIS CENIER	_				
PERSONA	AL INFORMATION					
Homo Ada	dress:		Ant # Ci	+\/ C	tata 7	in
Home Pho	one Number:		Primary E-Mai	l Address		
Health Ins	<u>surance</u>					
Company	and Policy #					
Family Do	octor:	/	Address	Ph	one	
Parent(s)	Marital Status (Please	Mark) ⊔	Single \square Married	a 🗆 Divorcea L	⊥ Separated	⊔ wiaowea
Pare	ent Information	Date of Birth	Cell Phone	Work Ph	none	E-mail
Mother's Name						
Father's Name						
Ivaille						
EMERGE	NCY CONTACTS (O	ther than	Parent's)			
1. Fu	ıll Name:		Relatio	nship	Phone_	
2. Fu	ıll Name:		Relatio	nship	Phone	
3. Fu	ıll Name:		Relatio	nship	Phone	
		AUTH	ORIZED PICK	-UPS*		
	en) will NOT be allowed to ck-Up below. Emergency C	leave with ar	n individual whose na	me is not listed as		
	. Siblings Under the age of					ene separate commi
1. Fu	ill Name:		Relatio	nship	Phone_	
2. Fu	ıll Name:		Relatio	nship	Phone	
3. Fu	ill Name:		Relatio	nship	Phone	
4. Fu	ill Name:		Relatio	nship	Phone_	
5. Fu	ill Name:		Relatio	nship	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): No, this will be my child's ____ year at the Aviator Sports Day Camp

Summer Day Camp 2020 REGISTRATION FORM

HANGAR 5, FLOYD BENNETT FIELD BROOKLYN, NY 11234 **(P)**: (718)-758-7518/7550 **(F)**: (718)-758-9801

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 a 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
<u>Trip & Transportation Release</u>
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 but time. Aviator Sports Day Camp does not guarantee the accuracy or consistency of listed pick up-drop off times.
Signature
<u>Dismissal Consent</u>
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 _____

Medical Release Agreement

Relationship to Child____

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 $\mathbf{1}^{st}$, 2020. No child will be allowed to start before a complete medical form is on file.

Signature _____

Parent/Guardian Name _____

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:	