



Aviator Sports Fit & Fun Program
Registration Form 2020 - 2021
 HANGAR 5, FLOYD BENNETT FIELD
 BROOKLYN, NY 11234
(P): (718)-758-7550/7518
(F): (718)-758-9801

Child's Information

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

Does your child have an I.E.P? Yes _____ No _____ (If yes, please provide the most recent copy)

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

Phone # _____ Phone # _____ Email _____

Program Schedule: Please check the sessions you wish to attend

	Week Commencing									
	9/28	10/05	10/12	10/19	10/26	11/2	11/9	11/16	11/23	11/30
Mon: 8:30am -11:30am										
Mon: 12pm – 3pm										
Mon: 3:30pm – 6:30pm										
Tue: 8:30am -11:30am										
Tue: 12pm – 3pm										
Tue: 3:30pm – 6:30pm										
Wed: 8:30am -11:30am										
Wed: 12pm – 3pm										
Wed: 3:30pm – 6:30pm										
Thu: 8:30am -11:30am										
Thu: 12pm – 3pm										
Thu: 3:30pm – 6:30pm										
Fri: 8:30am -11:30am										
Fri: 12pm – 3pm										
Fri: 3:30pm – 6:30pm										

Price: \$50 per 3 hour session

DISCOUNTS

Discounts cannot be combined with other discounts

Sibling Discounts: 10% Off (Register one child and receive discount for each additional child's registration)

5 Session Discount: 10% Off (sign up for 5 sessions in one week and receive 10% discount)

Full Week Discount: 20% Off (sign up for the same time for the full week and receive 20% discount)



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Childs Name: _____

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

Parent(s) Marital Status (Please Mark) Single Married Divorced Separated Widowed

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 afterschool programs.

1. Full Name: _____	Relationship _____	Phone _____
2. Full Name: _____	Relationship _____	Phone _____
3. Full Name: _____	Relationship _____	Phone _____
4. 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) _____

NEW Student(s): Yes No, this will be my child's ___ year at Aviator Sports

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. _____ CVV# _____

Signature: _____ Date _____



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Consent/Release Form

Child(ren)'s Name _____

Parent/Guardian Name _____ Relationship to Child _____

TERMS OF ENROLLMENT

1. Upon registration Aviator Sports will supply our Covid-19 guidelines, all parents must read and all participants must adhere to these guidelines
2. There are **NO Make-Up** days should your child be absent for any reason, or will there be any discounts granted as a result of absences.
3. Payment is due upon enrollment.
4. 72 hours' notice must be given for a change of session. No refunds will be given for canceled sessions. Canceled sessions can be applied to future sessions (with 72 hours' notice) or given as Aviator Credit
5. **NO WALK-UPS ALLOWED** – All attendees must be pre-registered.
6. Any child picked up from programming after 15 minutes of the end time will be subject to a **\$15** late charge. (One Time courtesy)
7. Aviator reserves the right to stop services due to low enrollment of participants.
8. Aviator sports will not be responsible for damage or loss of personal property.
9. Aviator Sports reserves the right to suspend and or expel any child from the Fit & Fun Program.

By signing this form I am acknowledging that I have read and agree to the Terms of Enrollment listed.

Parent/Guardian Signature: _____ Date: _____

Participant Release of Liability and Assumption Risk Agreement

I hereby acknowledge and recognize that all activities within the Aviator Sports Fit & Fun Program 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: _____



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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 Fit & Fun Program 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 _____

Rock Climbing/Sky Jump Consent

As parent/guardian of the above named child/children, I give my child/children permission to participate in the Rock Climbing/Sky Jump Activities 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 Fit & Fun Program from all liability arising out of his/her transportation on the school bus to Aviator Sports After School Program and throughout all the extra curriculum activities including daily trips.

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 Fit & Fun Program personnel for the treatment of any injury that may be incurred while in the programs activities or swimming on premises or elsewhere.

I understand Aviator Sports Fit & Fun Program 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 before child's start date. NO child will be allowed to start before a complete medical form is on file.

Parent/Guardian Signature _____