



**Summer Day Camp  
Registration Form**  
 HANGAR 5, FLOYD BENNETT FIELD  
 BROOKLYN, NY 11234  
**(P): (718)-758-7518/7550**  
**(F): (718)-758-9801**  
**Price sheet**

Child's Name

**2022 Camp Prices**

(A \$35 annual Aviator Membership is required if not already a member)

**Extended Hours Pricing\*\***

	AM or PM	COMBO
1 week	\$50	\$100
2 weeks	\$100	\$200
3 weeks	\$150	\$300
4 weeks	\$190	\$380
5 weeks	\$225	\$450
6 weeks	\$255	\$510
7 weeks	\$280	\$560
8 weeks	\$300	\$600

	Regular Camp (Ages 4 -15)
1 Week	\$590
2 Weeks	\$1180
3 Weeks	\$1770
4 Weeks	\$2130
5 Weeks	\$2520
6 Weeks	\$2850
7 Weeks	\$3125
8 Weeks	\$3340

**Bus Pricing\*\*\***

1 Week	\$150
4 Weeks	\$475
8 Weeks	\$700

\*REGULAR CAMP HOURS ARE FROM 9AM TO 5PM\*

\*\*Extended Hours are available from 8am-9am and from 5pm-6pm\*\*

\*\*\*Bus service is round trip and full week only. Pick up and Drop Off at Designated Bus Stops\*\*\*

**DISCOUNTS**

**EARLY BIRD DISCOUNT:**

- \$300 off if you register for the full 8 weeks before April 1<sup>st</sup>, 2022.
- \$150 off if you register for any 4-7 weeks before April 1<sup>st</sup>, 2022.

**RETURNERS DISCOUNT (applicable to anybody submitting a new application who registered for camp in 2019 or 2020):**

- \$100 off registration for full 8 week program.
- \$50 off registration for 4-7 weeks

**SIBLING DISCOUNT:**

- \$100 off second child if you register full summer enrollment (8 weeks).
- \$50 off second child if you register for any 4-7 weeks of summer.

• **We will be providing lunch. Aviator Sports will operate a nut-free camp. Please do not bring any food containing nuts.**



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Office Use Only	
Entered in DASH:	_____
Entered in EXCEL:	_____
Paid in Full:	_____
Medical Form:	_____
Date:	_____

**PAYMENT & POLICIES**

Fees worksheet									
	Camp Fee		Bus		Early Stay/ Late Stay	Total	Discount	Membership	AMOUNT DUE
<b>Child 1</b>	\$	+		+	\$	= \$	- \$	\$35	\$
<b>Child 2</b>	\$	+		+	\$	= \$	- \$	\$35	\$
	\$	+		+	\$	= \$	- \$	\$35	\$

**Terms and Agreements**

- In order to reserve your place this agreement must be returned with credit card information (no payments will be taken until May 1<sup>st</sup>.)
- A Non-refundable \$500 deposit is due **at registration** (per applicable child).
- Balances are due in FULL on or before **June 1<sup>st</sup>, 2022**. Payments received after this date will be subject to a **\$50** administrative late fee.
- There are **NO REFUNDS** after **June 1<sup>st</sup>, 2022**, Refunds **before June 1<sup>st</sup>** will be minus the **\$500 deposit**
- A **\$35 annual aviator** membership is require if not currently a member (or your membership expires before the end of August, 2022
- 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 1<sup>st</sup>, 2021) must be on file before the start of camp.
- Prices and Covid-19 policies are subject to change at Aviator Sports discretion.

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. \_\_\_\_\_ CVV Code (3 digits on back of card) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_



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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 CHILDS AGE AT THE START OF CAMP TO HELP WITH GROUPINGS**

<b>AGE</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
<b>DIVISION ENTERING:</b>	<b>YOUNGER</b>			<b>OLDER</b>				<b>TEEN</b>				

Registration Periods: (please circle):

**Full Summer: (6/28 - 8/19)**

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
06/28-07/01	07/05-07/08	07/11-07/15	07/18-07/22	07/25-07/29	08/01-08/05	08/08-08/12	08/15-08/19

**No camp on Monday, July 4th**

**Second Child's Name**

\_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex: F M  
 First Last  
 School Attending \_\_\_\_\_ T-Shirt Size (Please Circle) S M L XL XXL

<b>AGE</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
<b>DIVISION ENTERING:</b>	<b>YOUNGER</b>			<b>OLDER</b>				<b>TEEN</b>				

\*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):

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06/28-07/01	07/05-07/08	07/11-07/15	07/18-07/22	07/25-07/29	08/01-08/05	08/08-08/12	08/15-08/19



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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 no later than June 20th, 2022. 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: \_\_\_\_\_

**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)

\_\_\_\_\_