

BROWN'S GYM ORBIT

HOLIDAY SPORTS DAY CAMPS

- ♥ *Girls and Boys Ages 5 to 12 Years*
(Must turn 6 by September 2017)
- ♥ *Drop off between 8:30-9:00 A.M.*
- ♥ *Early drop off = \$5/day (7:30-8:30) A.M.*
- ♥ *Late pick up = \$5/day (5:30-6:30) P.M.*
- ♥ *Pick up by 5:30 PM*
- ♥ *Bring your own lunch, snacks & drinks*
- ♥ *Daily Gymnastics Instruction*

10% OFF 2nd Child

Members

1 Day \$50
2 Day \$99
3 Day \$125

Non- members

1 Day \$60
2 Day \$109
3 Day \$135

(Please circle one)



January 4-6, 2017



CHILD'S NAME _____ AGE _____ DOB _____ Male _____ Female _____

CHILD'S NAME _____ AGE _____ DOB _____ Male _____ Female _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PARENTS NAME _____ HOME PHONE _____

ADDITIONAL EMERGENCY NUMBER _____ CELL PHONE _____

WORK NUMBER (Mother) _____ (Father) _____

CAMP PROGRAM DESIRED _____ E-MAIL _____

I hereby authorize the staff of Brown's Gym Orbit Camp to act for me according to their best judgment in any emergency requiring medical attention & hereby waive & release the camp staff and Brown's Gym Orbit from any and all liability for any injuries and illness incurred while at the camp. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the camper's family. In lieu of medical certificate signed by a medical doctor, I have not knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program. I also understand the Camp retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose. **NO REFUNDS OR TRANSFERS.**

SIGNATURE: _____ DATE _____ PAYMENT METHOD _____

REGISTRATION FEE : \$40.00 1st Child & \$15.00 2nd Child (If not currently enrolled in Brown's Gym Orbit)

Altamonte Springs Gym
(407) 869-8744

VISA AND MASTER CARD ACCEPTED — SEE OTHER SIDE



PLEASE COMPLETE ENTIRELY AND PRINT LEGIBLY

Mother's Employer: _____

Father's Employer: _____

Persons authorized to pick up: _____

Authorization Code for Pickup (Private Code) _____

(example—pet name, favorite character, number)

Persons to be contacted in Case of Emergency:

(Be sure to include someone who will usually know your whereabouts)

Name _____

Address _____

Home # _____ Work # _____ Cell # _____

Name _____

Address _____

Home # _____ Work # _____ Cell # _____

Name _____

Address _____

Home # _____ Work # _____ Cell # _____

Child's Physician _____ Phone # _____

Dentist _____ Phone # _____

Emergency Hospital Preference _____

Medical Conditions _____ Allergies _____

Special Instructions _____
