



BROWN'S GYMNASTICS



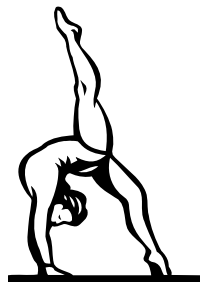
2007 SPRING BREAK DAY CAMP

March 12- March 16

FULL DAY AND HALF DAY PROGRAMS

- ♥ *Girls and Boys Ages 3 to 14 Years*
- ♥ *Drop off between 7:30-9:00 A.M.*
- ♥ *Pick up by 12:00 noon or 5:30 P.M.*
- ♥ *Bring your own lunch, snacks & drinks*
- ♥ *Daily Gymnastics Instruction*
- ♥ *10 % OFF 2nd Child*

**CALL TODAY
LIMITED ENROLLMENT**



WEEKLY PRICES

\$ 140 5 FULL DAYS

\$ 105. 5 HALF DAYS

\$ 90. 3 FULL DAYS M T W Th F

\$ 35. 1 FULL DAY M T W Th F

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 Gymnastics 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 Gymnastics 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.

SIGNATURE: _____ DATE _____ PAYMENT METHOD: _____

CHECK LOCATION: _____ Altamonte Springs Gym _____ Sanford/Lake Mary Gym
(407) 869-8744 (407) 302-2044

* REGISTRATION FEE : \$20.00 1st Child & \$15.00 2nd Child (If not currently enrolled in Brown's Gymnastics)

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 _____ Relationship _____
Address _____
Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____
Address _____
Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____
Address _____
Home # _____ Work # _____ Cell # _____

Child's Physician _____ Phone # _____

Dentist _____ Phone # _____

Emergency Hospital Preference _____

Medical Conditions: _____ Allergies: _____

Special Instructions: _____

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD TO THIS FORM. FAILURE TO SUPPLY INSURANCE INFORMATION MAY CAUSE UNNECESSARY DELAY IN RECEIVING EMERGENCY CARE.

SEE OTHER SIDE