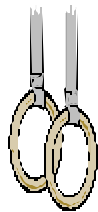


# BROWN'S GYMNASTICS



## HOUSTON 2005 "All Sports" SUMMER DAY CAMP PROGRAM

MAY 27 AUGUST 5

### *FULL or 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 Included*

*Field Trips (additional fee)*

*Extended Hours Available (\$5 per hour)*

*Special Weekly Activities*

*10% OFF 2nd Child*

*Extended Hours Available (\$15 per hour)*

*Daily Gymnastics Instruction*

*Bowling*

*Supervised Games*

*Movies & Pottery*

*Arts & Crafts*

*Songs and Music*

*Gymnastics Daily*

*Karate & Soccer*



**\$150—5 FULL DAYS      \$115—5 HALF DAYS**  
**\$100—3 FULL DAYS      \$ 40—1 FULL DAY**  
**\$35— 1 HALF DAY**

**CIRCLE DAYS:      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 \_\_\_\_\_

**CIRCLE WEEKS YOU WANT TO ATTEND**

Week 1 MAY 27      Week 2 May 31      Week 3 JUNE 6      Week 4 JUNE 13      Week 5 JUNE 20  
 Week 6 JUNE 27      Week 7 JULY 5      Week 8 JULY 11      Week 9 JULY 18      Week 10 JULY 25  
 Week 11 AUGUST 1

**VISA AND MASTER CARD ACCEPTED**

REGISTRATION FEE : \$20.00 1st Child & \$15.00 2nd Child

10516-G Old Katy Road~Houston, TX 77043 PHONE: 713-464-1996



SEE OTHER SIDE