

BROWN'S GYMNASTICS



All Sports Summer Day Camp



- ❖ Girls & Boys ages 4 – 13 years are invited
- ❖ Drop off between 7:30 – 9:00 a.m.
- ❖ Pick-up between 3:30 – 5:30 p.m.
- ❖ Daily Gymnastics Instruction
- ❖ Indoor Sports Activities, Games, & Obstacle Courses
- ❖ Arts & Crafts Period
- ❖ Bring your own lunch, snacks, & drinks
- ❖ Don't forget \$\$\$ for ICEE's and Ice Cream!
- ❖ 10% OFF 2nd Child

Prices	
\$150.....	5 Full Days
\$100.....	3 Full Days
\$40.....	1 Full Day
\$20 Registration for Non-Members (\$15.00 for additional children)	

Weeks Available

May 30 – June 2 ↻ June 5 – June 9 ↻ June 12 – June 16 ↻ June 19 – June 23
 June 26 – June 30 ↻ July 5 – July 7 ↻ July 10 -July 14 ↻ July 17 – July 21 ↻ July 24 – July 28
 July 24 – July 28 ↻ July 31 – Aug 4 ↻ Aug 7 – Aug 11

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, stole, 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 no knowledge of any physical or medical 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 recording, or any other record of this event for publicity, advertising, or any legitimate purpose.

Child's Name: _____ Age: ___ DOB: ___/___/___ Male ___ Female ___

Child's Name: _____ Age: ___ DOB: ___/___/___ Male ___ Female ___

Address: _____ City: _____ State/Zip: _____

Parent's Name: _____ Home Phone: _____

Work # (Mother): _____ (Father): _____

Camp Days Desired: **CIRCLE FULL WEEKS ABOVE or INDICATE INDIVIDUAL DATES BELOW**

Individual Camp Days: **MAY:** 30 31 **JUNE:** 1 2 5 6 7 8 9 12 13 14 15 16 19 20 21 22 23 26 27 28 29 30

JULY: 5 6 7 10 11 12 13 14 17 18 19 20 21 24 25 26 27 28 31 **AUG:** 1 2 3 4 7 8 9 10 11

Signature: _____ Date: ___/___/___ Payment Method: **CREDIT CARD** **CHECK** **CASH**

Credit Card # _____ - _____ - _____ - _____ Exp. Date: ___/___

(Visa & Master Card Accepted)

-- No Refunds! --

*Please fill out medical information on the reverse side
 if you have not participated in a Brown's Camp or Clinic before!*

Registration fee: \$20.00 1st child & \$15.00 2nd child (If not currently enrolled in Brown's Gymnastics)
 21750 Hardy Oak Blvd. San Antonio, TX 78258 Phone 210-497-5000

Complete Back Side

Please complete entirely and print legibly

Mother's Employer: _____

Father's Employer: _____

Individuals authorized for child pick up: (1) _____

(2) _____

(3) _____

Authorization code for pickup (Private Code): _____

(Example: pet, name, favorite character, number)

Person 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.