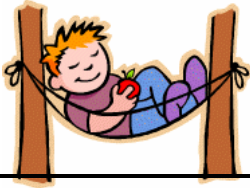


# BROWN'S GYMNASTICS DAY CAMP

## Spring Break!



**Kids are out of school and need some fun, high energy activities! Boys & Girls 4+ are invited for games, crafts, movies, gymnastics, and fun!!!**

- \* Boys and Girls ages 4 – 13 years invited
- \* Drop off between 8:00 – 9:00 a.m.
- \* Pick-up between 3:30 – 5:30 p.m.
- \* Daily Gymnastics Instruction
- \* Bring your own lunch, snacks, & drinks
- \* Don't forget \$\$\$ for ICEE's and Ice Cream!
- \* 10% OFF 2<sup>nd</sup> Child

### Days Available

*(circle days desired)*

March 12th  
 March 13th  
 March 14th  
 March 15th  
 March 16th

### Prices

\$150.....5 Full Days  
 \$100.....3 Full Days  
 \$40.....1 Full Day

\$20 Registration for Non-Members  
 (\$15.00 for additional children)

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: **PLEASE CIRCLE DAYS IN BOX ABOVE**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Payment Method: CREDIT CARD CHECK CASH

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_

**Visa & Master Card Accepted – No Refunds Available For Day Camp**

*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 1<sup>st</sup> child & \$15.00 2<sup>nd</sup> child (If not currently enrolled in Brown's Gymnastics)  
 21750 Hardy Oak Blvd. San Antonio, TX 78258 Phone 210-497-5000

**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.**