

BROWN'S GYMNASTICS

2009 "All Sports Day Camp"

JUNE 8 - AUGUST 21

FULL DAY PROGRAM

- ♥ *Girls and Boys Ages 3 to 12 Years*
- ♥ *Drop off between 7:30-9:00 A.M.*
- ♥ *Pick up by 5:30 P.M.*
- ♥ *Bring your own lunch, 2 snacks & 2 drinks*
- ♥ *Daily Gymnastics Instruction Included*
- ♥ *Field Trips (additional fee)*
- ♥ *10% off each additional child*

- Gymnastics Daily*
- Bowling*
- Zoo*
- Movies*
- Arts & Crafts*
- Pottery*
- Swimming*

\$140 — 5 FULL DAYS \$90 — 3 FULL DAYS
\$35 — PER DAY FEE

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—JUNE 8 Week 2—JUNE 15 Week 3— JUNE 22 Week 4— JUNE 29

Week 5—JULY 6 Week 6—JULY 13 Week 7—JULY 20 Week 8—JULY 27

Week 9—AUG. 3 Week 10—AUG. 10 Week 11— AUG. 17



CHECK LOCATION: _____ **Altamonte Springs Gym (407) 869-8744** _____ **Sanford/Lake Mary Gym (407) 302-2044**
VISA AND MASTER CARD ACCEPTED

REGISTRATION FEE : \$40.00 1st Child & \$20.00 2nd Child (If not currently enrolled in Brown's Gymnastics)
 (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 _____

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.