

2010 Brown's Summer Camp Registration Form

Child's Information: Brown's Gymnastics - 740 Orange Ave, Altamonte Springs FL 32714

Name: _____ **Sex:** _____ **Age** _____ **DOB** ____/____/____

2nd Child: _____ **Sex:** _____ **Age** _____ **DOB** ____/____/____

Mother's Name: _____ **Father's Name:** _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Home #: _____ **Mother's Wk #:** _____ **Mother's Cell:** _____

Father's Wk #: _____ **Father's Cell#** _____ **E-mail Address:** _____

Password: (personal 4-letter /number code by which we can identify those persons you have authorized to pick up your child) _____ **Alternative Contact Person:** _____ **Emergency #:** _____

Are there any medical conditions/allergies to which we should be alerted? No Yes *list* _____

Child's Physician _____ Dr. Phone Number _____

I understand that it is the intent of Brown's Gymnastics to provide for the safety and protection of my child, therefore, if I am not available, I authorize Browns and it's employees to seek attention for my child and to execute orders to authorize emergency medical treatment which may be required.

Signature of Parent/Legal Guardian _____
Date

Persons Authorized to Pick Up (other than Parents & Emergency Contact)

Name: _____ Ph #: _____ Name: _____ Ph. # _____

Name: _____ Ph #: _____ Name: _____ Ph. # _____

Selected Weeks (Indicate by checking weeks attending) Camp Hours 9:00 am - 5:30pm (drop off after 8:30)

Wk 1: June 7-11 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Wk 2: June 14-18 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Wk 3: June 21-25 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Wk 4: June 28- July 2 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Wk 5: July 5-9 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Wk 6: July 12-16 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)
Wk 7: July 19-23 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Wk 8: July 26-30 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Wk 9: Aug 2-6 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Wk 10: Aug 9-13 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Wk 11 Aug 16-20 <input type="checkbox"/> 5 Day (M-F) <input type="checkbox"/> 3 Day (M-W-F) <input type="checkbox"/> 2 Day (T-TH) <input type="checkbox"/> 2 Day (M-W)	Program Fees \$140 - 5 Full Days \$100 - 3 Full Day \$ 80 - 2 Full Days \$ 40 - Per Day Fee

Is your child currently enrolled in classes / after school program/ team program at Browns? No Yes _____ **Program**

Camp Registrations Fee - \$ 40 1st Child / \$20 2nd Child (non-members only) Already Member : \$ _____

Camp Fees: (first week in advance then payment by Friday the week before) \$ _____

Yes, I will need to early drop-off X _____ days (7:30 - 8:30am - \$5./ extra daily fee) \$ _____

FOR OFFICE USE - Form of Payment: Credit Card Ck # _____ Cash \$ _____ **TOTAL**

Guaranteed Form of Payment (REQUIRED)

Card Holder Name: _____ Card Type: _____

Credit Card #: _____

Billing Address & Zip (if different from Client) _____ Expiration Date: _____

I fully understand the Brown's Gymnastics Summer Camp Payment Policies which I am in receipt; therefore, I hereby authorize Browns Gym to prepare and submit charge slips each Thursday prior to my subsequent week's reservation for the weekly amount due. Furthermore, I understand that NO REFUNDS will be given for missed days/weeks or cancellations. I have read and agree to comply with this policy.

Signature of Parent/or Legal Guardian _____
Date



BROWN'S GYMNASTICS



“Summer All Sports Day Camp”

Registration Fees: \$40. Non-members / \$20 for 2nd child

Program Fees:

- ♥ \$140 - 5 FULL DAYS
- ♥ \$100 - 3 FULL DAYS
- ♥ \$40 - PER DAY FEE
- ♥ Early Drop Off - \$5.00 per day (7:30-8:30am)
- ♥ Master Card & Visa Accepted

Camp Details

- ♥ Full Day camp from 9:00am to 5:30 pm. Drop off times between 8:30-9:00 a.m.
- ♥ Bring your own lunch, 2 snacks & drinks
- ♥ Pick up by 5:30 p.m.
- ♥ 10% Sibling discounts
- ♥ Ages 3 - 12 years
- ♥ Daily Gymnastics Classes Included
- ♥ Optional Field Trips (*see separate list of Field Trips dates & times*)
- ♥ Brown's T shirts to be worn on all field trips (\$6. Each)

Please note that if you arrive later than 5:30 there will be a strictly enforced \$10. charge for every 15 minutes past 5:30 p.m. until pick up.

Check In and Out Procedures

It is required that your child be SIGNED IN & OUT each day. In the morning, please sign your child in at the front desk. When picking up your child we will need to again sign out your child with a at the front desk or with a day camp counselor.

If another adult other than a parent or legal guardian is picking up, we require that they be an authorized person listed on your child's registration form. I.D is required for pick up. Any deviation from routine pick up or persons not listed on the registration form (*i.e., visiting relative, friend, etc.*) must be indicated in writing by the parent or guardian and given to administrative staff at the front desk so that we can communicate this to the appropriate counselor. **ANYONE PICKING UP YOUR CHILD MUST KNOW THE PASSWORD YOU DESIGNATED ON THE REGISTRATION FORM.** Your cooperation concerning this procedure will help ensure the safety of your child! The camp is not responsible for personal items that are lost, stolen or damaged. Parents are required to have medical insurance & will be responsible for medial expenses incurred at camp. I understand that participation in gymnastics & various sports activities involves motion and such carries a risk of injury.

Please attach copy of insurance card to your camp application. Failure to supple insurance information may cause unnecessary delay in receiving emergency care.

OVER FOR PAYMENT POLICIES

Payment Policies/ Terms:

Registration Fee and first week payments are due at time of registration. Walk ins are on space availability and must be paid by credit card or cash. No checks for walk in campers

If you registered for two or more weeks, you may transfer reserved weeks if Browns is given a 5 business day notice and based on availability. If we are not notified one full week in advance, you will be charged for your reservation.

If you are reserving only two weeks of camp or less, payment for all reserved dates are due upon registration.

All reservations over two weeks will REQUIRE a Guaranteed Form of Payment to be kept on file in the form of a credit card. Your card will always be charged on the Thursday prior to your subsequent week's reservation. If you wish to pay by cash or check, payment must be received by Wednesday preceding your reservation or your credit card will be charged. ABSOLUTELY NO EXCEPTIONS WILL BE MADE and NO REFUNDS will be given for missed days/weeks or cancellations.

Sample Day Camp Daily Schedule

9:00 to Noon	Hourly Rotation of Gymnastics, Arts & Crafts, and Sports/Games
Noon to 1:00	Lunch
1:00 to 3:00	Hourly Rotation of Gymnastics and Sports/Games
3:00 to 5:30	Movie Time, Quiet Games, Coloring, Socializing, Parent Pick-up

Field Trips are listed on a separate page and are available at the front desk. Children are encouraged to participate in the Field Trips but not required to do so.

Brown's Gymnastics prefers Visa and Master Card.

**BROWN'S GYMNASTICS
740 ORANGE AVENUE
ALTAMONTE SPRINGS, FL 32714
407-869-8744
407-869-0774**

**“BROWN’S GYMNASTICS
HOME TO TINY TOTS TO OLYMPIANS”**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in the Brown’s Gymnastics Summer Camp Program, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Brown’s Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releases” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Print name of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian

Date: _____

Signature of Parent/or Legal Guardian

Brown’s Gymnastics Central
740 Orange Avenue
Altamonte Springs, FL 32714
407-869-8744 phone

Dinamo- Gymnastics
901 Central Park Avenue
Sanford, FL 32771
407-302-2044 phone

Brown’s San Antonio
21750 Hardy Oak Blvd
San Antonio, TX 78258
210-497-5000 phone