

BROWN'S GYMNASTICS

AFTER SCHOOL GYMNASTICS PICK UP FROM AREA SCHOOLS

3 ** 4 ** 5 ** DAY PROGRAM

Girls and Boys Ages 5 to 12 Years

Pick up as early as 5:00 P.M. or as late as 6:30 P.M.

Bring your own snacks & drinks or buy them here

3 Days a week Gymnastics Instruction

Group activities and games

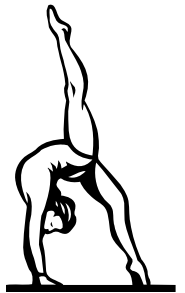
Discount for additional children-same family, same school



WEEKLY PRICES

\$ 75.00 for 3 or 4 or 5 Day Pickup

\$40.00 Registration Fee



Payment due on Friday for the following week

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) _____

GUARANTEED FORM OF PAYMENT

MC/VISA _____ EXP DATE _____

Applicant authorizes Brown's Gymnastics to prepare and submit credit charge slips using the credit card listed above to cover unpaid charges to their account by applicant and /or student that is outstanding on Friday for the following week.

I hereby authorize the staff of Brown's Gymnastics (hereafter referred to as Brown's) to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release Brown's staff and Brown's from any and all liability for any injuries and illness incurred while at the gym. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. Brown's is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the after school student's family. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named after school student's participation in the camp program. I also understand that Brown's 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: _____

740 Orange Avenue - Altamonte Springs, FL 32714

Phone: (407) 869-8744 Fax: (407) 869-0774



**YOU ARE RESPONSIBLE TO CALL BROWN'S AT
407-869-8744 BY 10:00 A.M. IF YOUR CHILD IS ABSENT FROM SCHOOL SO
THE DRIVER WILL BE INFORMED.**

Please complete entirely and print legibly

Mother's Employer: _____

Father's Employer: _____

Persons authorized to pick up: _____

Authorization Code (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 _____ 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: _____