

BROWN'S GYM ORBIT

AFTER SCHOOL GYMNASTICS PICK UP FROM AREA SCHOOLS

1-5 DAY PROGRAM

Girls and Boys Ages 5 to 12 Years (Must turn 5 by Sep 1st, 2019)

Pick up as late as 6:30 P.M.

Bring your own snacks & drinks or buy them here

Daily Gymnastics

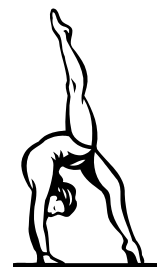
Siblings discount 10% plus discount for classes and camps



WEEKLY PRICES

\$ 75.00 for 1-5 Day Pickup

\$40.00 Registration Fee



Payment due on Friday for the upcoming week

I NEED MY CHILD PICKED UP FROM _____ SCHOOL

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) _____

EMAIL _____

GUARANTEED FORM OF PAYMENT _____

MC/VISA _____ EXP DATE _____

If the payment for the following week is not made by the previous Friday, I authorize Brown's Gym Orbit Sports Academy to charge my credit card listed above, unless I give them written notice at least 7 days ahead about my child's absence that week. I understand that my card will be charged for the full week fee (\$75) unless I inform Brown's Gym Orbit Sports Academy differently by previous Friday. I understand that there will not be any refunds or transfers of money for days that students could not attend.

I hereby authorize the staff of Brown's Gym Orbit Sports Academy (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 (*please, list all including both parents*)

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: _____