

“Summer All Sports Day Camp” May 26 - Aug 5

Full Day Camp 9:00am - 5:30 pm
Half Day Camps: 9am-1pm

To do all day camp child must turn 6 by June 1st, 2022. Half day camp is designed for 5 years old (must turn 5 by June 1st, 2022)

	<u>FULL DAYS</u>	<u>HALF DAYS</u>
5 DAYS	\$195	\$117
4 DAYS	\$180	\$108
3 DAYS	\$150	\$90
2 DAYS	110	\$66
1 Day	\$55	\$33



Late Pick Up \$8.00 per day (5:30-6:30 PM)

Brown's requires a minimum of 5 students late pick up and reserves the right to cancel if not met.

Please note that if you arrive later than 5:30 if you have not registered for late pick up and 6:30pm if you have registered for late pick up, there will be a \$1 charge for every 1 minutes past scheduled pick up time.

Non members pay a \$10.00 camp registration fee

- ♥ Drop off times between 8:30-9:00 a.m. (\$8/day)
- ♥ Bring your own lunch, 2 snacks & drinks
- ♥ 10% Sibling discounts
- ♥ Daily Gymnastics & Ninja Classes plus additional sports activities
- ♥ Themed Weeks with Costume Parade each Wednesday
- ♥ Daily Arts & Crafts,

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 you will need to again sign out your child with the front desk or 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! Brown's Gym 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.

Payment Policies/ Terms:

Only debit, credit card, cash or money order are accepted. No checks will be accepted. We do accept all credit cards. There is \$10 fee for all declined credit cards. If the card was declined and the payment is not made by Monday of each reserved week, your child will not be allowed in camp for the rest of the week.

Registration Fee and first week payments are due at time of registration. Walk ins are based on space availability.

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

If you registered for three 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.

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.

**NO REFUNDS & NO CREDITS will be given for missed days/weeks or cancellations.
NO EXCEPTIONS!**

Full Day Camp Daily Schedule

8:30-9:00	Kids may arrive
9:00—10:15	Gymnastics Lessons (Children Split by Age & Level)
10:15-12:15	Arts & Crafts/Sports Games/Snack
12:15-1:00	Lunch (Bring your own)
1:00 to 3:00	Hourly Rotation of Gymnastics, Martial Arts, Dance, Cheer, NINJA, Yoga, Soccer, Badminton, Volleyball, Fitness
3:00-3:15	Snack Break
3:15-4:00	Open Gym (Supervised activity)
4:00-5:00	Movie Time, Quiet Games & Coloring
5:00-5:30	Sports games in the gym
5:30	Parents Pick Up

UP TO 5 HOURS OF SPORTS ACTIVITIES PER DAY

Brown's Gym Orbit Sports Academy
740 Orange Avenue
Altamonte Springs, FL 32714
407-869-8744

2022 Brown's Summer Camp Registration Form

Child's Information: **Brown's Gym Orbit - 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 Gym Orbit to provide for the safety and protection of my child, therefore, if I am not available, I authorize Brown's 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. #** _____

<input type="checkbox"/> Wk 1: May 26-27 <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day Th F	<input checked="" type="checkbox"/> Wk 2: May 31-June 3 <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day T W Th F	<input type="checkbox"/> Wk 3: June 6-10 <input type="checkbox"/> 5 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day M T W Th F	<input type="checkbox"/> Wk 4: June 13-17 <input type="checkbox"/> 5 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day M T W Th F	<input type="checkbox"/> Wk 5: June 20-24 <input type="checkbox"/> 5 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day M T W Th F	<input type="checkbox"/> Wk 6: June 27-July 1 <input type="checkbox"/> 5 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day M T W Th F
<input type="checkbox"/> Wk 7: July 6-8 <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day W Th F	<input type="checkbox"/> Wk 8: July 11-15 <input type="checkbox"/> 5 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day M T W Th F	<input type="checkbox"/> Wk 9: July 18-22 <input type="checkbox"/> 5 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day M T W Th F	<input type="checkbox"/> Wk 10: July 25-29 <input type="checkbox"/> 5 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day M T W Th F	<input type="checkbox"/> Wk 11: Aug 1-5 <input type="checkbox"/> 5 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day M T W Th F	

Camp Registration Fees - \$10/child (non-members only) **Already Member :** \$ _____

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

Late pick-up 5:30 - 6:30pm _____ days x \$8 **NO EARLY DROP OFF AVAILABLE** \$ _____

FOR OFFICE USE - Form of Payment: **Credit Card** **Cash** **Money Order** (No checks, please) \$ **TOTAL**

Card Holder Name: _____ **Card Type:** _____

Credit Card #: _____ **Expiration Date:** _____

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

I fully understand the Brown's Gym Orbit Summer Camp Payment Policies which I am in receipt; therefore, I hereby authorize Browns Gym to charge my credit card weekly amount due each Thursday prior to the reserved week unless I have paid previously. Furthermore, I understand that **NO REFUNDS** and **NO CREDITS** 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 GYM ORBIT "LEARNING THROUGH FUN"

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in any and all activities including the Brown's Gym Orbit 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 Gym Orbit, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and instructors 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

Signature of Parent/or Legal Guardian

Date

PHOTO PERMISSION

I, _____, give permission to the **BROWN'S GYM ORBIT SPORTS ACADEMY** to take or use pictures, slides, digital images, or other reproductions of my minor child _____, and to put the finished pictures, slides, or images to use on business site, web, or other business social media or other printed or electronic materials related to marketing function of the Brown's Gym Orbit SA without compensation.

Signature

Date

Brown's Gym Orbit Sports Academy
740 Orange Avenue
Altamonte Springs, FL 32714
407-869-8744

Gym Orbit Sports Academy, Inc DBO Brown's Gym Orbit

/Gymnastics, Karate, Dance, Afterschool, Program, Ninja, Open Gym, Birthday Parties & Camps/

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK; AND INDEMNITY AGREEMENT ("AGREEMENT")

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 or I am unable to safely perform any activity, I will immediately discontinue participation in the activity. I fully acknowledge, understand, appreciate and agree, 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 Releasees 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 further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure. I hereby release, discharge, and covenant not to sue your business, its administrators, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, damages, on my account caused or alleged to be 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, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the RELEASEES, I will indemnify, defend, and hold harmless each of the RELEASEES from any loss, liability, damage, or cost, which any may incur as the result of such a claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and I 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. I agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant (s)

PARENTAL CONSENT I, hereby covenant and promise that I am the minor's parent and/or legal guardian, and on behalf of myself and the minor, 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 further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at the facility. I hereby release, discharge, covenant not to sue and AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses or damages on the minor's or my account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including, but not limited to injury, negligent rescue operations, and/or exposure to infectious diseases and I 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 RELEASEES, I WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any RELEASEE may incur as the result of any such claim.

Date: _____

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Signature of Parent/Legal Guardia