



“Summer All Sports Day Camp”

Recreational (6-12 yrs. old) 8:30am - 6:00 pm.
Preschool (4-5 yrs. old only) 8:30 am - 3:00 pm.

**Recreational camp for children 6-12 yrs. old (must turn 6 by June 1st, 2025).
Preschool camp for children 4-5 yrs. old only (must turn 4 by June 1st, 2025).**

**EARLY REGISTRATION PRICE SPECIAL PAID IN FULL NO REFUNDS!!!
EXPIRES APRIL 28TH 2025.**

<u>Recreational (6-12 yrs. Old)</u>			<u>Preschool (Only 4-5 yrs. olds)</u>	
	Early	Reg.	Early	Reg.
5 DAYS	\$225	\$240	\$195	\$205
4 DAYS	\$200	\$215	\$175	\$185
3 DAYS	\$155	\$165	\$150	\$160
2 DAYS	\$115	\$120	\$90	\$100
1 Day	\$65	\$70	\$50	\$60

**Prices listed above do not include any extracurriculars such as field trips.*

NO EARLY DROP OFF & NO LATE PICK UP!

Preschool camp After 3:00 pm \$1.00 per minute will be applied to the card on file if child is not picked up on time.

Recreational camp After 6:00 pm \$1.00 per minute will be applied to the card on file if child is not picked up on time.

Non-members pay a \$25.00 camp registration fee.

- Bring your own lunch, min 2 snacks & drinks.
- 10% Sibling discounts.
- Daily Gymnastics, Ninja & Karate Classes plus additional sports activities.
- Daily Arts & Crafts.
- Ages 4-5 will follow pre-school gymnastics schedule, games, and crafts.
- **Field Trip is offered and is not included in the regular price.**

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 sign out again with your child with the front desk or a day camp counselor. Drive thru pick up will be available Mon– Fri from 5:30-6:00 with a **car rider sign ONLY!**

If another adult other than a parent or legal guardian is picked up, we require that they be an authorized person listed on your child’s registration form. I.D is required for picking up. Any deviation from routine picks up or persons not listed on the registration form (*i.e., visiting relative, friends, 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 BE LISTED ON YOUR PICKUP SHEET. DRIVE THRU PICK UP from 5:30-6:00 FROM THE BACK OF THE GYM WITH CAR RIDER SIGN ONLY!** Your cooperation concerning this procedure will help ensure the safety of your child! Brown’s Gym Orbit Sports Academy is not responsible for personal items that are lost, stolen or damaged. Parents are required to have medical insurance & will be responsible for medical expenses incurred at camp. I understand that participation in gymnastics & various sports activities involves motion, and such carries a risk of injury.

Brown’s Gym Orbit Sports Academy

(407) 869-8744

info@brownsym.com

Payment Policies/ Terms:

Only debit, credit card, or cash are accepted. No checks will be accepted. We do accept all credit cards. There is a \$10 fee for all declined credit cards. If the card was declined and the payment is not made by Friday prior 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. No Refunds, No Exceptions!

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

If you register for three or more weeks, you may transfer reserved weeks if Brown's Gym Orbit Sports Academy 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	Arrival
9:00-9:15	Warm up
9:15-10:30	Gymnastics rotations
10:30-10:45	Snack
10:45-11:45	Games
11:45-12:15	Open gym
12:15-1:00	Lunch
1:00-3:00	Sports rotations
3:00-3:15	Snack
3:15-4:00	Craft time
4:00-5:00	Open Gym
5:00-5:30	Movie time and games
5:30-6:00	Pick up-car line at back of the gym.

Preschool Camp Daily Schedule

8:30-9:00	Arrival
9:05-9:15	Warm up
9:15-10:00	Preschool obstacle courses
10:00-10:15	Snack
10:15-11:00	Games
11:00-11:45	Preschool obstacle courses
11:45-12:15	Pit time
12:15-1:00	Lunch
1:00-1:45	Craft
1:45-2:45	Sports rotations
2:45-3:00	Dismissal

**BROWN'S GYM ORBIT SPORTS ACADEMY
"LEARNING THROUGH FUN"**

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

In consideration of participating in all activities including the Brown's Gym Orbit Sports Academy 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 Sports Academy, 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

Date

Signature of Parent/or Legal Guardian

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 _____

Alvarez and Sanchez LLC DBA Brown's Gym Orbit Sports Academy

Gymnastics, Martial Arts, 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, it's 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.

Printed Name of Parent/Legal Guardian

Date: _____

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



SUMMER CAMP REGISTRATION 2025

Child's Information

Name: _____ Sex: _____ Age: _____ DOB ____/____/____
 Shirt Size: _____
 2ND Child: _____ Sex: _____ Age: _____ DOB ____/____/____
 Shirt Size: _____
 Mother's Name: _____ Father's Name: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Mother's Cell #: _____ Father's Cell #: _____ Email: _____

Are there any medical conditions/allergies to which we should be alerted?

No _____ Yes _____ List _____

I understand that it is the intent of Brown's Gym Orbit Sports Academy to provide for the safety and protection of my child, therefore, if I am not available, I authorize Brown's and its 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 /Emergency Contact

Name: _____ Ph: _____

Name: _____ Ph: _____

Please check the weeks & circle the days needed. A 2 weeks' notice for changes required

WK 1: Jun 2 - Jun 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W Th F	WK 2: June 9 - June 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W Th F	WK 3: June 16 - 20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W Th F	WK 4: June 23 - 27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W Th F	WK 5: Jul 07 - 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W Th F
WK 6: July 14 - 18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W Th F	WK 7: July 21 - 25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W Th F	WK 8: July 28 - Aug 01 M T W Th F	WK 9: Aug 04 - Aug 08 M T W Th F	BACK TO SCHOOL!

Camp Registration Fees - \$25/child (non-members only) Already Member:	\$ _____
Camp Fees: (first week in advance, then payment by Thursday the week before)	\$ _____
<i>NO REFUND, CREDITS OR TRANSFERS FOR EARLY PROMOTIONAL SPECIAL (MARCH REGISTRATION).</i>	\$ TOTAL

Cardholder Name: _____ Card Type: _____ Zip Code: _____
 Credit Card #: _____ Expiration Date: _____

I fully understand the Brown's Gym Orbit Sports Academy Summer Camp Payment Policies which I am in receipt; therefore, I hereby authorize Brown's Gym Orbit Sports Academy DBA Alvarez & Sanchez LLC 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 Cardholder:

Date:

