






Winter Break Camp Registration Form


 Location: Browns Gym Orbit Sports Academy

 Dates: December 19, 22, 23, 26, 29, 30, January 2, 5th

 Time: 8:30 AM – 6:00 PM

 December 24th & 31st

 Time: 8:30 AM – 3:00PM

 Ages: 5 – 14 years

Camper Information

1st Child's Name: _____ DOB: ____/____/____ Age: _____

2nd Child's Name: _____ DOB: ____/____/____ Age: _____

Parent/Guardian Information

Parent/Guardian

Name(Primary): _____ Phone: _____

Email

Address: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian

Name(Secondary): _____ Phone: _____

Email

Address: _____

Address: _____ City: _____ Zip: _____

Emergency Contact (Other than Parent/Guardian)

Name: _____

Relationship: _____

Phone Number: _____

Authorized to Pick Up

Name: _____

Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Health & Safety Information

Allergies/Medical Conditions: YES NO

Please List:

I understand that is 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 it's employees to see attention for my child and to execute orders to authorize emergency medical treatment which may be required.

Parent

Signature: _____ Date: _____

Camp Options & Fees

☐ 1 Day: \$60.00

☐ 2 Days: \$110.00

☐ 3 Days: \$150.00

☐ 4 Days: \$180.00

Select Days:

☐ Dec. 19th ☐ Dec. 22nd ☐ Dec. 23rd ☐ Dec. 24th ☐ Dec. 26th

☐ Dec. 29th ☐ Dec. 30th ☐ Dec. 31st ☐ Jan. 2nd ☐ Jan. 5th

Payment Information

Card

Name: _____ Type: _____ Zip: _____

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Credit

Card#: _____ Exp. Date: _____ / _____

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Release & Waiver

I fully understand the Brown's Gym Orbit Sports Academy payment policy which I am in receipt; therefore, I hereby authorize Brown's Gym Orbit Sports Academy DBA Alvarez & Sanchez LLC to charge my credit card when I turn in this form unless I have paid previously. Furthermore, I understand that NO REFUNDS and NO CREDITS will be given for missed days or cancellations. I have read and agree to comply with this policy.

Signature of Cardholder:

_____ Date: _____ / _____ / _____

☒ Return completed form with payment to the front desk or email to:

info@brownsgym.com

📞 Questions? Call us at: 407-869-8744