



740 Orange Avenue
Altamonte Springs, Florida 32714
407-869-8744

Field Trip – MOVIE - Hoppers (2026)

Address: [AMC Altamonte Mall 18](#)

Wednesday: 03/18/2026

Time: 10:00AM

Cost: \$30.00 (include Popcorn, Water)

Payment Information

Name: _____ Type: _____ Zip: _____

Credit Card#: _____ Exp.Date: _____ / _____

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: _____ / _____ / _____

***Permission slips must be completed by parents prior to your child attending any field trip. These are in the front office. If this is not completed your child will NOT attend.**

Total amount due: _____ Date Paid: _____

☒ Return completed form with payment to the front desk or email to:
info@brownsgym.com

Questions? Call us at: 407-869-8744



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FIELD TRIP PARENT/NATURAL GUARDIAN PERMISSION FORM

Student's Name:	Age/DOB:
Date(s) of Field Trip:	Teacher:
Destination of Field Trip:	Description/Purpose of Field Trip:
Departure Time:	Anticipated Return Time:

☐ During this field trip students will be exposed to the sun. Parents/guardians should ensure that sunscreen is applied before students leave home.

Academy Rules—All academy rules apply while students are on a field trip. Should your child choose to break a rule, you may be contacted to pick him/her up immediately. All field trips shall be tobacco and alcohol/drug free.

Appropriate Dress—Students and chaperones are expected to dress according to the type of field trip planned. Appropriate dress for this trip is: _____.

READ AND SIGN THE NOTICE TO MINOR CHILD'S NATURAL GUARDIAN ON THE BACK OF THIS SHEET AND RETURN TO YOUR CHILD'S TEACHER BY: _____.

Special Needs (check one):

☐ My child has a medical condition and/or medication of which the school should be aware, which I have explained by completing the Medical Information Form (attached).

☐ My child has NO special needs for this trip.

Parent/Guardian Signature: _____ Date: _____



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NOTICE TO THE MINOR CHILD'S
NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ALVAREZ & SANCHEZ, LLC D/B/A BROWN'S GYM ORBIT SPORTS ACADEMY, ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ALVAREZ & SANCHEZ, LLC D/B/A BROWN'S GYM ORBIT SPORTS ACADEMY, ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ALVAREZ & SANCHEZ, LLC D/B/A BROWN'S GYM ORBIT SPORTS ACADEMY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Section 744.301, Florida Statutes

Parent/Guardian Signature: _____ Date: _____



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FIELD TRIP MEDICAL INFORMATION

Student's Name:	Age/DOB:
Name of Insurance Provider:	Policy Number and Contact Information:
Doctor's Name:	Doctor's Telephone Number:
List any ailments, disabilities, health issues or problems involving your child which might affect his/her participation in the field trip: Asthma ____ Ear Infection ____ Sleepwalking ____ Allergies ____ Epilepsy ____ Sinus ____ Bronchitis ____ Heart disease ____ Other: _____	Please explain any checked items needing clarification (e.g., "Allergies" or "Other"): _____ _____ _____ _____ _____

☐ During this field trip students will be exposed to the sun. Parents/guardians should ensure that sunscreen is applied before students leave home.

All medication is to be administered by the trip supervisor or teacher/staff chaperone. Medication must be clearly labeled with the student's name, the name of the medication, what it is to be used for, how it is to be given, the quantity to be given, and the time(s) of day/night it is to be given. Only the amount of medication required for the duration of the trip should be provided.

Name of medication: _____

What it is to be used for: _____

How it is to be given: _____

Quantity and times to be given: _____

Comments: _____

By my signature below, I am requesting that the trip supervisor or teacher/staff chaperone administer this (these) medication(s) as directed above.

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the trip supervisor to provide treatment for my child named above.

Parent/Guardian Signature: _____ Date: _____

Cell Phone # _____ Work Phone # _____

**IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:
(please print clearly): Name: _____ Phone #: _____**

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