





740 Orange Ave,  
Altamonte Spring FL 32714  
brownsgym.com

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## Spring Break Camp Registration Form

 Location: Browns Gym Orbit Sports Academy

 Dates: March 16th – March 21th

 Time: 8:30 AM – 6:00 PM

½ DAY: 8:30 AM – 12:30 PM\*

 Ages: 5 – 14 years

### Camper Information

1<sup>st</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_



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## Authorized to Pick Up

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health & Safety Information

Allergies/Medical Conditions:      YES      NO

Please 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 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: \$70.00

☐ 1/2 Day: \$55.00\*

### **Weekly Rates:**

\$325 per week full day

\$245 per week half day

**NO refunds/ NO credit**

Parent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## 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

Card 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

 Questions? Call us at: 407-869-8744