



740 Orange Ave,
Altamonte Spring FL 32714
brownsgym.com

Spring Break Camp Registration Form

📍 Location: Browns Gym Orbit Sports Academy

📅 Dates: March 16th – March 21st

⌚ Time: 8:30 AM – 6:00 PM

½ DAY: 8:30 AM – 12:30 PM*

👶👧 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: _____ 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