Fantastic Fall Frenzy Registration Form

📍 Location: Browns Gym Orbit Sports Academy

📅 Dates: November 23rd, 24th, 25th, 27th

🕗 Time: 8:30 AM – 6:00 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: _____

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: $75.00

☐ 2 Days: $145.00

☐ 3 Days: $210.00

☐ 4 Days: $270.00

Select Days:

☐ Nov. 23rd

☐ Nov. 24th

☐ Nov. 25th

☐ Nov. 27th