Winter Break Camp Registration Form

📍 Location: Browns Gym Orbit Sports Academy

📅 Dates: December 21, 22, 23, 28, 29, 30, January 4, 5th

🕗 Time: 8:30 AM – 6:00 PM

📅 Dates: December 24th & 31st

🕗 Time: 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:_____

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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:

☐ Dec. 21st ☐ Dec. 22nd ☐ Dec. 23rd☐ Dec. 24th

☐ Dec 28th ☐ Dec. 29th ☐ Dec. 30th ☐ Dec. 31st

☐ Jan. 4th ☐ Jan. 5th

Field Trip

Tuesday - 12/30/2025 – 10:00AM - $25.00 ☐

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