



DINAMO BROWN'S GYMNASTICS 2010 "ALL SPORTS DAY CAMP"

JUNE 7 – AUGUST 16

FULL DAY PROGRAM

- Girls and Boys Ages 3 to 12
- Drop off between 7:30 – 9:00 A.M.
- Pick up by 5:30 P.M.
- Bring Lunch, 2 snacks & 2 drinks
- Daily Gymnastics Instruction Included
- In House Field Trips (additional fee)
- Movies
- Arts & Crafts

5 FULL DAYS	\$140
4 FULL DAYS	\$120
3 FULL DAYS	\$100
2 FULL DAYS	\$ 80
1 FULL DAY	\$ 40
CIRCLE DAYS: M T W TH F	

Camp Fees: 10% off each additional child in the family
 Membership Fee: \$40 first child & \$20 additional children
 (this applies if the child/children are not currently in our program)

CHILD'S NAME _____ AGE _____ DOB _____ Male _____ Female _____

CHILD'S NAME _____ AGE _____ DOB _____ Male _____ Female _____

ADDRESS _____ CITY _____ ZIP _____

PARENTS NAME _____ HOME PHONE _____

EMERGENCY NUMBER _____ CELL PHONE _____

WORK PHONE – MOM _____ DAD _____

E-MAIL _____

VISA, MASTER CARD, & AMEX ACCEPTED

CREDIT CARD NO. FOR FILE _____ EXP. DATE _____

Circle Weeks You Want to Attend Camp

- | | | | |
|--------------------------|--------------------|--|------------------|
| 2 Days – June 10 & 11 | Week 2 – June 14 | Week 3 – June 21 | Week 4 – June 28 |
| Week 5 – July 5 (4 days) | Week 6 – July 12 | Week 7 – July 19 | Week 8 – July 26 |
| Week 9 – August 2 | Week 10 – August 9 | Week 11 – August 16 (for Orange County students) | |

I hereby authorize the staff of Dinamo Brown's Gymnastics to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp staff and Dinamo Brown's Gymnastics from any and all liability for any injuries and illnesses incurred while at camp. I understand that participation in gymnastics and various sport activities involves motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the campers family. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named campers participation in the camp program. I also understand the camp retains the right to use any photographs, video tapes, motion picture recordings or any other record of this event for publicity, advertising, or any legitimate purpose.

SIGNATURE _____ DATE _____ PAYMENT METHOD _____

PLEASE SEE OTHER SIDE

PLEASE COMPLETE ENTIRELY AND PRINT LEGIBLY

Mother's Employer: _____

Father's Employer: _____

Persons authorized to pick up: _____

Authorization Code for Pickup (Private Code) _____
(example—pet name, favorite character, number)

Persons to be contacted in Case of Emergency:
(Be sure to include someone who will usually know your whereabouts)

Name _____

Address _____

Home # _____ Work # _____ Cell # _____

Name _____

Address _____

Home # _____ Work # _____ Cell # _____

Name _____

Address _____

Home # _____ Work # _____ Cell # _____

Child's Physician _____ Phone # _____

Dentist _____ Phone # _____

Emergency Hospital Preference _____

Medical Conditions _____ Allergies _____

Special Instructions _____

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD TO THIS FORM. FAILURE TO SUPPLY INSURANCE INFORMATION MAY CAUSE UNNECESSARY DELAY IN RECEIVING EMERGENCY CARE.

PLEASE SEE OTHER SIDE