



DINAMO BROWN'S GYMNASTICS
2018 "ALL SPORTS DAY CAMP"
407-302-2044
MAY 29 – AUGUST 9 (Seminole County)

FULL DAY PROGRAM

- Girls and Boys Ages 4 to 12
- Drop off between 8:00 – 9:00 A.M.
- **7:30 DROP OFF IS \$5.00 EXTRA ***
- Pick up by 5:00 P.M.
- **5:30 PICK UP IS \$5.00 EXTRA ***
- Bring Lunch, 2 snacks & 2 drinks
- Daily Gymnastics Instruction Included
- Video Movies & Arts & Crafts
- Pizza Party and Water Day on Friday

5 FULL DAYS	\$170.00
4 FULL DAYS	\$152.00
3 FULL DAYS	\$130.00
2 FULL DAYS	\$ 100.00
1 FULL DAY	\$ 52.00
CIRCLE DAYS: M T W TH F	

***Make arrangements for early drop off or late pick up.**

Camp Fees: 10% off each additional child in the family
 No Membership Fee Required

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

- Week 1 – May 29 – June 1 Week 2 – June 4 – 8 Week 3 – June 11 - 15 Week 4 – June 18 - 22
 Week 5 – June 25 – 29 Week 6 – July 2 – 6 Week 7 – July 9 - 13 Week 8 – July 16 – 20
 Week 9 – July 23 – 27 Week 10 – July 30 – Aug 3 Week 11 – Aug 6 – 9 SCHOOL STARTS August 10

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 sports 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 camper's 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 camper's 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 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