



**DINAMO BROWN'S GYMNASTICS**  
**2019 "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	\$172
4 FULL DAYS	\$154
3 FULL DAYS	\$132
2 FULL DAYS	\$ 102
1 FULL DAY	\$ 53
<b>\$50.00 non-refundable deposit required</b>	
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 29,30,31    Week 2 – June 3 – 7    Week 3 – June 10 - 14    Week 4 – June 17 - 21
- Week 5 – June 24 – 28    Week 6 – July 1,2,3,5    Week 7 – July 8 - 12    Week 8 – July 15 – 19
- Week 9 – July 22 – 26    Week 10 – July 29 – Aug. 2    Week 11 – Aug 5 - 9    SCHOOL STARTS Aug. 12

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.**