

Florida Flips Summer Sports Camp Schedule 2017

2 Sessions to choose from Early drop off and late pick up available.

1 – June 12th to June 15th

2 – June 19th to June 22nd

Monday through Thursday 9:00 am to 3:00pm **Ages 6 to 13**

Activities: Archery, Base Running, Bowling, Canoeing, Gymnastics, Horseback Riding, Kayaking, Trampoline, Swimming, Spring Board Diving, Tubing, Water Skiing, and more.

Cost: \$140.00/session **1 day camper** = \$50.00/day

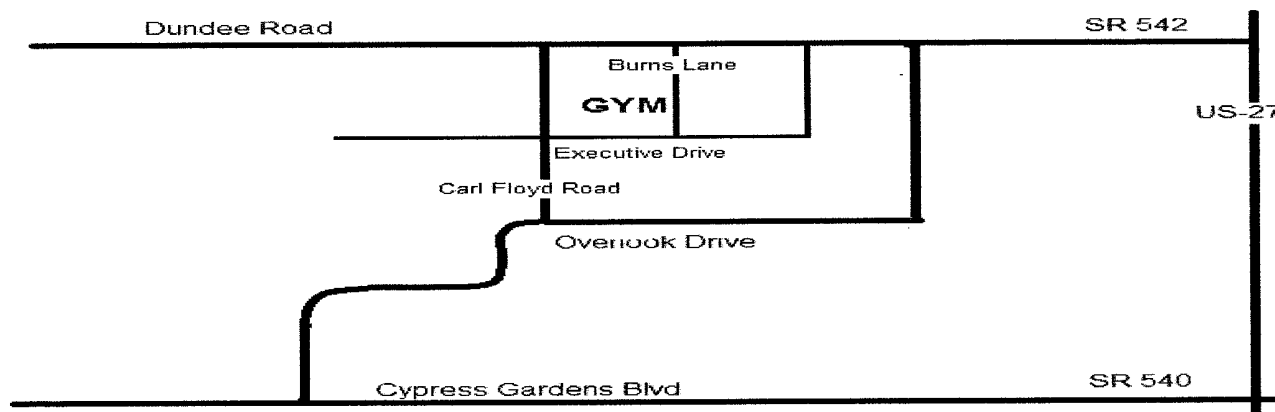
Location: Fl. Flips, 501 Burns lane, Winter Haven FL 33884

Campers should bring their lunch each day. We have a limited enrolment so sign up early to get the sessions you want.

If you sign up 20 days before camp starts you get **\$10.00 off.**

Emergency cell phone number during camp hours only – (863) 604-9289

For more information call (863) 325-8494 between the hours of 2:30 and 7:00pm



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Return this part with payment to Florida Flips Gymnastics

Registration Form / Permission slip **E-mail** _____

Campers Name _____ **Phone** _____ - _____ **Age** _____ **Birth date** _____

Sex _____ **Address** _____

Camp Session/s you wish to attend _____

Amount paid \$ _____ **Date paid** _____ **\$50.00 will hold your spot, we have limited enrollment.**

Read the following information before registering:

I hereby authorize Florida Flips staff to act for me according to their best judgment during any emergency requiring medical attention. I hereby waive and release Florida Flips from any and all responsibility for any injuries or illnesses incurred by my child while at camp. I understand that participating in gymnastics and other camp activities, involves motion, rotation, and height, in a unique environment, and carries with it a great risk of injury and even death. All medical expenses incurred are my responsibility. In lieu of a medical certificate signed by a medical doctor, I do not have knowledge of any medical or mental impairment prohibiting my child from participating in the Florida Flips camp program. My child has permission, and option to attend Florida Flips Summer Camp adult supervised off grounds recreation trips Yes _____ No _____.

Parent's or Guardian Signature _____ **Date** _____

Print Parent's Name _____ **Emergency Phone** _____