

FLORIDA

FLIPS



GYMNASTICS

501 Burns Lane
Winter Haven, FL 33884
863-325-8494

Emergency phone during
camp hours only
863-604-9289

SPORTS CAMP 2024

For boys and girls aged 6 to 13

Session 1 – June 3 to June 6
Session 2 – June 10 to June 13

Monday through Thursday
9:00AM to 3:00PM

COST

Per session \$185
Per day \$ 75

Registration fills quickly. Spots are limited and camp registration closes once full. Sign up early to ensure a spot. Camp is on a first come basis and is usually full by the beginning of May.

A \$50 deposit will hold your spot

Archery, Water Skiing, Tubing, Gymnastics, Rope swing, Ninja obstacle course, Foam pit, Rock climbing, Base running, Bowling, Canoeing/Kayaking, Belt spotted trampoline, Swimming and diving, Games and more.

Campers bring a lunch each day

Return this part with payment to Florida Flips Gymnastics

Registration Form / Permission slip

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** _____.

Campers Name _____ F ___ M ___ Birth date _____ Session 1 ___ Session 2 ___

Address _____ City _____ State _____ Zip _____

Email address _____ Phone _____

Parent's or Guardian's Name _____

Parent's or Guardian's Signature _____ Date _____

Amount paid \$ _____ Date paid _____ Check # _____