

Florida Flips Summer Sports Camp 2026

(Sign up early – enrollment fills FAST)

Two Sessions to choose from:

1 – June 1st to June 4th

2 – June 8th to June 11th

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

Activities: Archery, Tubing, Gymnastics, Rope swing, Ninja Obstacle course, Foam pit, Rock climbing, Base Running, Bowling, Canoeing, Kayaking, Belt Trampoline, Swimming, and more.

Cost: \$220.00/session **1 day camper** = \$75.00/day

Location: Florida Flips Gymnastics, 501 Burns Lane, Winter Haven 33884

We have a limited enrollment, so sign up early to get the session you want.

For more information call (863) 325-8494 or to sign up, print the registration form and bring it with your deposit to the Florida Flips office.

DROP OFF & PICK UP:

Monday, Wednesday, and Thursday at Florida Flips Gymnastics

Tuesday at 4955 Lake Daisy Road South

Emergency cell phone number DURING CAMP HOURS ONLY – (863) 604-9289

Campers need to bring their lunch each day.

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Return this part with payment to Florida Flips Gymnastics

Registration Form / Permission slip

Campers Name _____ Phone _____ - _____ Age ____ DOB _____

Sex _____ Address _____

Email address _____ Camp Session/s you wish to attend Check one session 1 ___ Session 2 ___

Amount paid \$ _____ Date paid _____

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's Signature _____ Date _____

Print Parent's Name _____ Emergency Phone _____