

Orlando Metro Gymnastics St. Cloud

1421 Hamlin Ave, Saint Cloud, FL 34771
(407) 556-3174 www.orlandometrogyms.com

2024 Summer In House Field Trip Registration

*Initial	Dates:		Begin:	End:	Cost:	Includes:
	Fri., May 31st	Friendship Bracelet	1:00pm	3:00pm	\$7.00	Make friendship bracelets
	Fri., June 7th	Plaster House	1:00pm	3:00pm	\$15.00	Plaster painting
	Fri., June 14th	Mad Science	1:00pm	3:00pm	\$20.00	Hands on experiment and take home project
	Fri., June 21st	Carnival	1:00am	2:30pm	\$10.00	Cotton candy, carnival games with prizes
	Fri., June 28th	Foam / Slime	1:00pm	3:00pm	\$10.00	Make your own foam and slime
	Fri., July 5th	4th of July Cookout / Water Day	12:30pm	2:30pm	\$12.00	Hot dog, chips & root beer floats
	Fri., July 12th	Lava Lamps	1:00pm	3:00pm	\$10.00	Create your own lava lamp
	Fri., July 19th	Tye-Dye and Sno-Cone	10:30am	12:30pm	\$15.00	Design your own t-shirt and sno-cone
	Fri., July 26th	Super Cool Awesome Pottery	1:00pm	2:30pm	\$20.00	Paint your own canvas
	Fri., August 2nd	Ice Cream/ Water Day	12:30pm	2:30pm	\$12.00	Tons of water games and ice cream sundaes
	Fri., August 9th	Orlando Metro Games	10:00am	3:00pm	\$0.00	Team games and prizes

1st Child's Name: _____ Age _____ DOB _____ M/F

2nd Child's Name: _____ Age _____ DOB _____ M/F

3rd Child's Name: _____ Age _____ DOB _____ M/F

Emergency Contact: _____ Telephone#: (____) _____ - _____ Allergies: _____

Initial Each Policy:

_____ I understand my child must be at the gym at least 45 minutes prior to time listed above otherwise child may miss the trip and I will not be refunded/credited.

_____ All field trips must be paid for upon registration to reserve spot. Space is limited.

_____ **Field trips are on a first come basis. No refunds/credits will be given for missed and/or cancelled field trips regardless of illness/injury/camp attendance.**

I give permission for my child(ren) to participate in all of the above field trips as I have selected and paid for in advance. I understand the fees are non-refundable and non-transferable.

_____ **Print Parent/Guardian Name**

_____ **Signature Parent/Guardian**

_____ **Date**