

Team Summer Camp 2010

Week 1

Squirts, Hot Shots & Level 3
Monday June 28th-Friday July 2nd

Week 2

Level 4, Level 5, Prep-op Rookie & Prep-op Novice
Monday July 5th-Saturday July 10th

Week 3

Level 6, Level 7 & Prep-op Intermediate

Monday July 12th-Saturday July 17th

Week 1: \$300.00

Monday-Thursday: 8:00am-3:00pm

Friday: 8:00am-5:00pm (Beach Trip)

Week 2: \$400.00

Monday-Thursday: 8:00am-3:00pm

Friday: 8:00am-Saturday: 8:00am (Water Country & Gym Overnight)

Week 3: \$450.00

Monday-Thursday: 8:00am-3:00pm

Friday: 8:00am-Saturday: 8:00am (Trip to NH for Overnight)

Team Camp Includes:

- *Event Training
- *Theme Days
- *Contests
- *Gymnast of the Day
- *Open Gym
- *Dance
- *Yoga
- *Fitness Training
- *Visiting Coaches Clinics
- *Judges Clinics
- *Specialty day Friday

***Please wear sneakers and socks to camp every day**

***Please bring 2 snacks, a lunch and plenty of drinks to camp every day**

***For specialty day Friday please bring a towel and bathing suit as well as a change of clothing.**

***For overnights, please bring sleeping bag, pillow, toiletries, bathing suit, towel and a change of clothing.**

***If you would like to send your gymnast with additional money for specialty day Friday, you are more than welcome to do so.**

Sign Up Deadline: May 1, 2010

Team Camp 2010 Sign Up Sheet

***Sign Up Deadline: May 1st 2010**

Gymnast Name _____ Age: _____ DOB _____

Gymnast Level: SQ HS 2 3 4 5 6 7 PR PN PI

Camp Week: 1 2 3

Address: _____

Home Phone: _____ Cell Phone: _____

Does your gymnast have any allergies? Yes No
If yes, please list here: _____

Does your gymnast an injury that would prevent her from participating in any part of camp? Yes No
If yes, please list here: _____

PCP Name and Number: _____

Parent/Guardian Cell Phone Number: _____

Emergency Contact 1: _____

Emergency Contact 2: _____

Assumption of Risk, Release of Liability for Personal Injury, Medical Authorization

I, _____ for myself and as the parent and/or legal guardian of _____, age _____, do hereby release Gymstreet USA, its owners, operators, instructors, coaches, employees, agents, servants and affiliated center(s) from any and all liability or in any way related to child's use of the facilities, equipment, or apparatus of Gymstreet USA; and/or my child's participation in any class, program, competition or other event organized, run and/or sponsored by or held at Gymstreet USA, hold harmless the said claims, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child.

By signing this release, I acknowledge my understanding and acceptance of the following:

1. That gymnastics is an active sport, which requires strength, agility and concentration and that it is solely my responsibility to determine that my child is in good health and good physical and mental condition before permitting my child to exercise, work out, receive instruction or perform.
2. That gymnastics requires twisting, turning, tumbling, jumping, flexion, extension and rotation, which movements are often performed with considerable force and/or at considerable height and which can result in severe, permanent personal injuries, including but not limited to, bruised, strained, sprained or torn muscles, tendons, ligaments, broken bones, derangements or dislocations of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death.
3. That gymnastics requires the use of apparatus and equipment, which may cause or contribute to severe, permanent personal injuries, such as those described above.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Gymstreet USA, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Gymstreet USA.

I have read the Release of Liability for Personal Injury and have been given the opportunity to speak with a representative of Gymstreet USA before signing this release.

Signature of Parent/Guardian: _____ Date: ____/____/____

