

# Cyclone Gymnastics Camp Registration Form



## Cardinal Camp Dates

June 21 – 24, 2015

Ages: 5 – 18

## Gold Camp Dates

June 25 – 28, 2015

Ages: 5 – 18

Resident campers \$475.00 – (must be at least 8 yrs. old)

Commuter campers \$350.00

Registration Deadline is June 7, 2015

Head coach Jay Ronayne and the Iowa State University Gymnastics staff are pleased to host a gymnastics camp again this summer. The camp will be held at the gymnastics training facilities located in Beyer Hall on the ISU campus.

Boys and girls between the ages of five and 18 are encouraged to participate.

Campers will receive individual gymnastics instruction from a camp staff combining over 75 years of gymnastics experience. The camp offers specific instruction for gymnasts of all levels of skills, from beginner to elite and in all events.

Cardinal Camp begins Sunday, June 21 and will run until Wednesday, June 24, 2015.

Gold Camp begins Thursday, June 25 and will run until Sunday, June 28, 2015.

Each session includes daily gymnastics rotations in the morning and afternoon with evening entertainment activities, including open gym, movie night, and other fun events!

Registrants will receive an information packet via email after registering.

**ALL forms from packet MUST be completed and returned by June 7, 2015.**

To find more information about camp, please visit our website:

**[www.cyclonegymnasticscamp.com](http://www.cyclonegymnasticscamp.com)**

**Cyclone Gymnastics Camps are not an Iowa State University Camp but are operated independently. Permission to use ISU Trademarks is granted under agreement by Iowa State University.**

## 2015 REGISTRATION

Camp(s) you are registering for:

\_\_\_\_ **CARDINAL CAMP** RESIDENT - Cyclone Gymnastics Overnight Camp 2015  
Camp Date(s): 6/21/15– 06/24/15

Price: \$475.00

\_\_\_\_ **CARDINAL CAMP** COMMUTER - Cyclone Gymnastics Day Camp 2015  
Camp Date(s): 6/21/15– 06/24/15

Price: \$350.00

\_\_\_\_ **GOLD CAMP** RESIDENT - Cyclone Gymnastics Overnight Camp 2015  
Camp Date(s): 6/25/15– 06/28/15

Price: \$475.00

\_\_\_\_ **GOLD CAMP** COMMUTER - Cyclone Gymnastics Day Camp 2015  
Camp Date(s): 6/25/15– 06/28/15

Price: \$350.00

Camper's First Name: \_\_\_\_\_

Camper's Last Name: \_\_\_\_\_

Camper's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size: YS \_ YM \_ YL \_ YXL \_ AS \_ AM \_ AL \_ AXL \_ AXXL

Roommate Preference: \_\_\_\_\_

Grade Next Fall: \_\_\_\_\_

Gender: \_\_\_\_\_

Gymnastics Club (if applicable): \_\_\_\_\_

Gymnastics Club Phone (if applicable): \_\_\_\_\_

Level Competed in Last Season: \_\_\_\_\_

Food Allergies?: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

**Camp Waiver:**

I hereby authorize the staff of Cyclone Gymnastics Camps to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined above. I hereby give Cyclone Gymnastics Camps permission to publish and release information about the above named minor student, including his/her photograph, to the news media. In addition, I give Cyclone Gymnastics Camps permission to publish and copyright photographs and/or video footage of him/her and other information about him/her for any advertising and/or promotion done on behalf of Cyclone Gymnastics Camps in any printed or electronic form. I also certify that I am the legal parent or guardian of the above named student and have full right to provide this release.

**Camp Waiver Agreement(s)**

I understand and accept all of the separate waiver agreements above.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/ Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Conditions/Special Instructions**

Please list any medical conditions or special instructions the Camp Administrators should be aware of for the camper: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**Registration Deadline is June 7, 2015**

**REFUND POLICY**

If you need to cancel for any reason:

- 100% refund (less \$100) with written notification before May 24, 2015
- 75% refund (less \$100) with written notification May 25 - June 6, 2015
- 50% refund (less \$100) with written notification June 7 – 14, 2015

NO REFUNDS after June 14, 2015.