

# Cyclone Gymnastics Camp Registration Form



**Camp Dates**  
**June 19 – 23, 2011**  
**Ages: 5 - 18**

**Resident campers \$500**

**Day Campers \$400**

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.

Athletes 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.

Camp begins Sunday, June 19 and will run until Thursday, June 23, 2011.

Each session includes daily gymnastics rotations in the morning and afternoon with evening entertainment activities, including things such as open gym, swimming, a scavenger hunt and a karaoke night, bowling, etc.

Registrants will receive an information packet via email or U.S. Postal Service after registering. To find more information about camp, please visit our website:

## **GROUP INFORMATION:**

Any club with **6 or more** athletes at camp may send either one coach or one representative from their club (must be 18 yrs. or older) and that person may stay in the dorm as a chaperone for free during the camp week. (This specific person will most likely be in a room with a young camper(s) Coaches, this is an opportunity to learn coaching/spotting skills from our college coaches and assist with instruction of your club members. Free room and meals will be provided.

Any club that registers **10 or more campers IN THE SAME ENVELOPE** in the mail will receive \$20.00 off per athlete. Only one discount applies per athlete.

Please mail group registrations to: Cyclone Gymnastics Camp  
c/o Mary Ronayne  
202 Beyer Hall  
Ames, IA 50011

**[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.**

**REGISTRATION**  
(one registration per camper)

Camp(s) you are registering for:

\_\_\_\_ RESIDENT - Cyclone Gymnastics Camp 2011  
Camp Date(s): 6/19/2011 – 6/23/2011  
Price: \$500.00

\_\_\_\_ COMMUTER - Cyclone Gymnastics Camp 2011  
Camp Date(s): 6/19/2011 - 6/23/2011  
Price: \$400.00

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

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

Camper's Parent(s)/Guardian(s) Name(s) : \_\_\_\_\_

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

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

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

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

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

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

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

Gender: Male Female

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:

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**Emergency Contact Information**

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

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

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

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

**REFUND POLICY**

Full Payment Required at Sign-up

Cancellations:

If you need to cancel for any reason:

100% refund (less \$100) with written notification before May 30, 2011

75% refund (less \$100) with written notification May 30 – June 6, 2011

50% refund (less \$100) with written notification June 6 - 11, 2011

NO REFUNDS after June 11, 2011