

Cyclone Gymnastics Camp Registration Form



Camp Dates
June 13 - 17, 2010
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. 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 70 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 13 and will run until Thursday, June 17.

Each session includes daily gymnastics rotations in the morning and afternoon with evening entertainment activities, including 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:

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

Camp(s) you are registering for:

____ RESIDENT - Cyclone Gymnastics Camp 2008
Camp Date(s): 6/13/2010 – 6/17/2010
Price: \$500.00

____ COMMUTER - Cyclone Gymnastics Camp 2008
Camp Date(s): 6/13/2010 - 6/17/2010
Price: \$400.00

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: _____

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 28, 2010

75% refund (less \$100) with written notification May 29 – June 4, 2010

50% refund (less \$100) with written notification June 5 - 10, 2010

NO REFUNDS after June 10, 2010