



2020 CAMP REGISTRATION FORM

Camper's First Name: _____

Camper's Last Name: _____

Please check which camp you are registering:

CARDINAL CAMP: June 18 – 20, 2020

GOLD CAMP: June 21 – 24, 2020

_____ **OVERNIGHT CAMP: \$500.00**

_____ **OVERNIGHT CAMP - \$575.00**

_____ **COMMUTER CAMP \$400.00**

_____ **COMMUTER CAMP - \$475.00**

Camper's Mailing Address: _____

Gender: _____

City: _____ State: _____ Postal Code: _____

Parent/Guardian(s) Name: _____

E-mail Address: _____

Date of Birth: (mm/dd/yyyy) ____/____/____ Age: _____

T-Shirt Size: (Please circle) YS YM YL YXL AS AM AL AXL

Roommate Preference: _____

Grade Next Fall: _____

Gymnastics Club (if applicable): _____

Level Competed in Last Season: _____

Food Allergies: _____

Medical Conditions: _____

Insurance Company: _____

Policy #: _____

Policy Holder Name: _____

Cyclone Gymnastics Camp
Participant Waiver

Participant's Name: _____ Participant's DOB: _____
(Please Print Full Legal 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 Camp 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 Camp 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 or Parent/Legal Guardian: _____

Signature of Parent/ Legal Guardian: _____

Date: _____

Medical Conditions/Special Instructions

Please list any medical conditions or special instructions (i.e.: food allergies) the camp administrators should be aware of for the camper:

Emergency Contact:

Name: _____

Relationship to athlete: _____

Phone: _____ Alternate phone: _____

REFUND POLICY

If you need to cancel for any reason including injuries and illness:

100% refund (less \$150) with written notification before May 21, 2020

75% refund (less \$150) with written notification May 21 – May 30, 2020

50% refund (less \$150) with written notification May 31 – June 6, 2020

NO REFUNDS after June 6, 2020 except in the case of serious injury or illness.

In this case, documentation of illness or injury will be required before a refund will be processed. Once documentation is received, a full refund will be granted less the \$150 administrative fee.

Cancellations for any other reason are NON-REFUNDABLE.

CYCLONE GYMNASTICS CAMP
Medical Release and Authorization

Name of Participant (print full legal name) _____

Birth Date: _____ Gender: ___Male ___ Female

Release and Medical Authorization

The release and the treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the camp/clinic must also sign. In order for students to participate in camp activities, we must have this form prior to the camp's start date. Otherwise, parent or guardian must be contacted prior to release to participate.

Release of Liability, Medical and Surgical Authorization

In consideration of the Cyclone Gymnastics Camps granting the student permission to participate in Cyclone Gymnastics Camps, I hereby assume all risks of his or her personal injury (including death) that may result from any Cyclone Gymnastics Camps activity. As guardian I do hereby release the State of Iowa, Iowa State Board of Regents, Iowa State University, Cyclone Gymnastics Camps and their officers, employees, agents, all instructors, and all participants in said Cyclone Gymnastics Camps from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Cyclone Gymnastics Camps activities.

In addition, I hereby authorize and give my consent to the health authorities of Iowa State University or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Iowa State University Health Service or other hospitals and clinics.

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

Parent's/Guardian's Signature _____ Date _____

Parent/Guardian (please print) _____

Participant'

Insurance Information (please print)

Name _____

Insurance Company _____

Insurance Co. Address _____

Policy No. _____

Policy Holder _____

Does your insurance carrier require prior approval? Yes No

IOWA STATE UNIVERSITY

Thielen Student Health Center

Consent for Treatment of a Minor Child

Student's Name:

Student's Date of Birth:

To assist us in caring for your minor child we request that a parent or guardian sign the authorizations on this form and return it to us promptly. Iowa law mandates that in order to provide medical or mental health treatment of a minor (under 18), the consent of a parent or guardian is required.

I give permission to the Thielen Student Health Center and the Student Counseling Services of Iowa State

University to provide treatment for my child.

Parent /Guardian Signature

Date

Relationship:(Parent/Guardian)_____

Effective treatment for students may require a consultative, collaborative effort between the Thielen Student Health Center (TSHC) and the Student Counseling Service (SCS). TSHC and SCS professional staff members communicate with each other about such medical information either verbally or through the exchange of office notes.

I give permission for the exchange of health related information to be used in the coordination of treatment as described above.

Parent/Guardian Printed Name: _____

Parent /Guardian Signature

Date

For more information on the services provided, please see our websites:

Thielen Student Health Center www.health.iastate.edu

Student Counseling Services <http://www.public.iastate.edu/~stdtcouns/>



CYCLONE GYMNASTICS CAMP **INFORMATION FOR PARTICIPANTS**

Hello and Welcome to the Cyclone Gymnastics Camp!

We are excited that you will be participating in this year's camp and know that your athlete(s) will learn new skills, make new friends and have a lot of fun! This letter is to help answer any questions that you may have as well as provide details on camp information that you will need. If after reading this letter and you have other questions, please do not hesitate to email me at mronayne@iastate.edu

Again, welcome to Cyclone Gymnastics Camp! See you at camp! *Mary*

1. CHECK-IN INFORMATION

a. OVERNIGHT CAMPERS

Check-In for the Cardinal Camp is June 18 from 9:00 – 9:30 a.m. in MARTIN HALL.

Check-In for the GOLD CAMP is June 21 from 1:00 – 1:30 p.m. in MARTIN HALL.

Overnight campers will be staying in the dorms. When you check in, you will receive a room number and phone number where your child will be staying.

We will have counselors staying in the dorms as well as a Live-In Residence worker on our floor in case of emergencies during the night.

We will have a meeting for all **OVERNIGHT CAMPERS** at the dorms on the first evening to review safety and dorm policies.

b. COMMUTER CAMPERS (DAY CAMPERS)

CHECK-IN for the CARDINAL CAMP is June 18 at 9:30 a.m. in Beyer Hall.

CHECK-IN for the GOLD CAMP is June 21 at 1:30 p.m. in Beyer Hall.

First day registration and daily check-in are in 2nd floor hallway of Beyer Hall.

Parents/Guardians of commuters will need to sign-in/ sign-out **EACH** day of camp.

2. WHAT TO BRING

- a. Commuters: T-shirts, shorts, leotards, personal gymnastics equipment (ie: grips, tape) hair ties, tennis shoes, bathing suit, towel & a smile ☺
- b. Overnight Campers: All of the above PLUS: Twin bed linens, pillow, toiletries, pajamas.
- c. If athletes choose to bring a cell phone that is fine. However, usage of cell phones will only be permitted during “down” time of camp or for emergencies.

3. WHAT NOT TO BRING

- a. Valuable jewelry, I-pods, I-pads, CD/DVD players, etc. or anything that you don't want to lose. Cyclone Gymnastics Camp is not responsible for lost or stolen items.

4. MEALS

- a. All Campers (including Day campers): Lunch will be provided (included in camp fees)
- b. Overnight Campers: Breakfast, lunch & dinner will be served each day. There will be snacks sold at our camp store as well as there are vending machines in the dorms.

5. CAMP STORE

We will have a camp store set up each day for campers to purchase items such as leotards, apparel, snacks & drinks. Campers may use money from camp bank accounts to purchase items. (Average cost of leos is \$60.00). We accept cash, credit card and checks for purchases.

6. BANK ACCOUNTS – FOR OVERNIGHT CAMPERS ONLY

- a. Each participant may have a camp bank account.

Upon check-in, parents deposit money into their child's account.

The amount is recorded and each time your child wishes to purchase something (i.e. apparel, snacks, etc.) all she needs to do is request that it comes from her bank account.

The amount purchased will be deducted from your account. At the end of camp, the parent/guardian will receive the balance due or make final payment of remaining balance during check-out. This makes it an easy way that your child is limited to spending as well as she will not have to worry about carrying cash with her! ☺ We recommend putting approximately \$50.00 in the account.

7. CAMP PICTURES (for all camps)

- a. We will take a CAMP group picture! Everyone will receive a FREE 4X6 group photo. Pictures will be taken on the first day of each camp and will be handed out on the last day of camp. If for any reason they are not available at that time, they will be mailed to you.

8. EMERGENCY INFORMATION

- a. We will have a First Aid responder at camp as well as. This person is also trained in gymnastics injuries and will be staying in the dorms.
- b. In the event of an emergency at the gym, the parent/guardian listed on your registration will be contacted immediately. Any critical injuries, athletes will be transported by ambulance to Mary Greeley Hospital on Duff Ave.

In the event of an at-home emergency and you need to reach your child, please call Mary at **515-520-1719. Please only call if emergency.**

9. CHECK OUT

- a. We will be having an Open Gym on the final day of camp. This will be Open Gym for the gymnasts to perform skills that they have learned this week. We will have our final performance of our camp as well as our awards ceremony immediately following the Open Gym. We encourage all parents/guardians to attend these programs to see what your gymnast has achieved throughout our camp!
- b. Check out for **ALL CAMPERS** will be in Beyer Hall following our final program. Overnight campers should walk over to the dorms after the programs. At this time you will have time to collect your things from your rooms and turn in your key to the staff in Martin Hall.

10. DIRECTIONS TO DORMS & BEYER HALL

From I-35 (North or South)

Take exit **111B** to merge onto **US-30 W** toward **Ames (3.4 miles)**

Take exit **146** toward **I.S.U.**

Merge right onto **University Ave. (1.4 miles)**

Turn left at **Lincoln Way (1.2 miles)**

Turn right onto **Sheldon Ave.**

Overnight campers – Turn **RIGHT** into big parking lot. Martin Hall is a newer building on your right.

Commuter Campers – Come directly to Beyer Hall. All campers should enter the main doors located on Union Dr. under the skywalk.

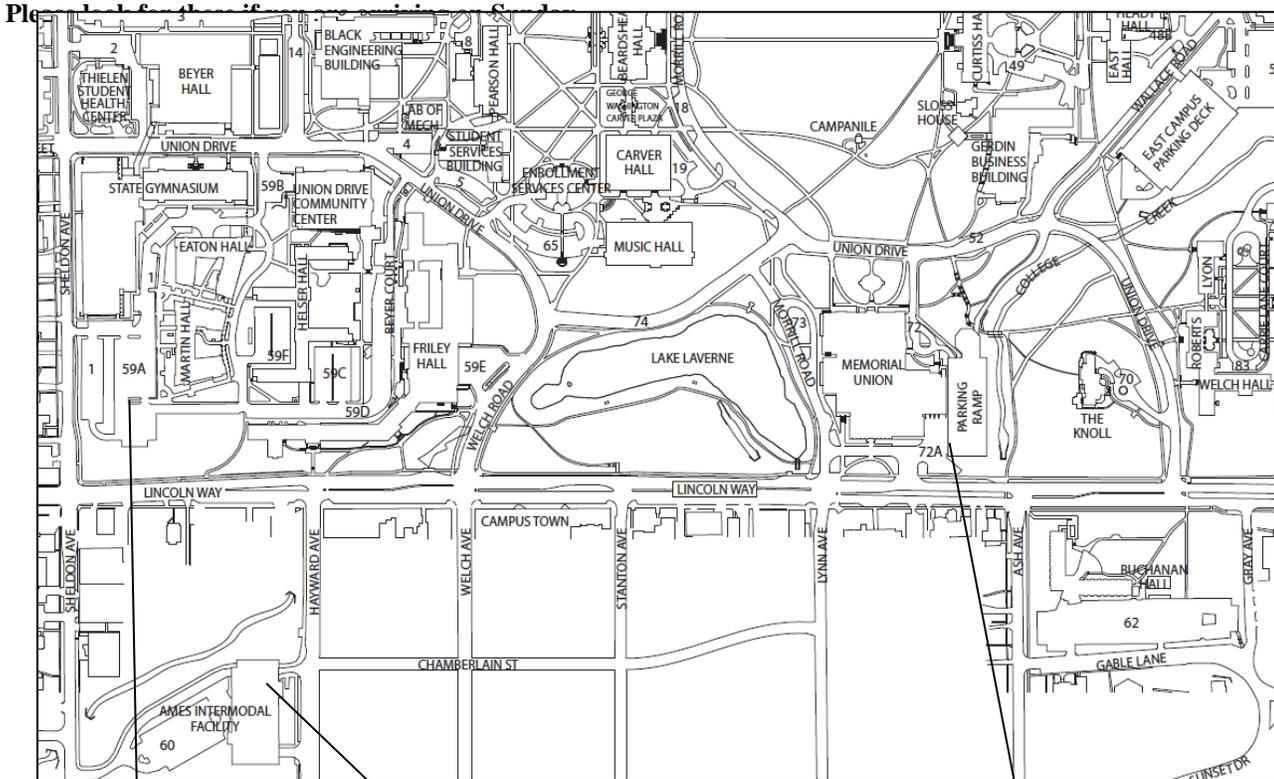
If you do a mapquest or Google Map for Beyer Hall – Use 2625 Union Dr.

PARKING

On the west side of campus in the Union Drive neighborhood:

- For those living in Eaton, **Martin**, Helser, and Friley, parking at the southwest corner of Martin Hall (see Lot 59A indicated on map) will be available for 30-minute parking for conference guests checking in and out (passes will be issued at check-in/out). **Enter and exit via Sheldon Avenue.**
- During times of lower occupancy by short-term conference groups, the amount of time for parking in Lot 59A may be expanded.
- Longer term parking will be available in Lot 60 (the Ames Intermodal Facility) which is located approximately one block south of Martin Hall across Lincoln Way with entrances via Sheldon Avenue or Hayward Avenue. A pay-for-use parking ramp is located at the Memorial Union approximately four blocks east via Lincoln Way.

Parking on campus on Saturdays and Sundays is free in any lot. We suggest parking in lot 2 or 3 just north of Beyer Hall. For Drop-Off & Pick up you will have the 30 minute parking pass at the dorms to load cars. Otherwise, there is also meter parking on SHELDON Ave. and in Lot 3. Another option is to stop at the Iowa State information booth on University Ave (across from the football stadium) and get a visitor's pass to park in a general lot on campus – THIS IS SUGGESTED for the program!! Saturday & Sunday parking is free on campus in all lots, but some lots have signage for no parking on any day.



Lot 59A
(Conference
Parking) - enter
via Sheldon
Avenue. Obtain
a short-term pass
at check-in/out.

If you need longer-term
parking throughout your
conference, inquire at check-
in for a longer pass for
Parking Lot 60 (the
Intermodal Parking Facility).

If you need
parking
throughout the
day, a "for-pay"
option is the
Memorial Union
Parking Ramp.