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GYMNASTICS CAMP

**2017 Summer Gymnastics**

This program is designed to introduce the necessary skills for young girls and boys in the sport of gymnastics. The high school gymnastics coaching staff and team members will supervise the program. All girls will learn skills essential for the successful participation in the four competition areas of girls gymnastics. **Games, obstacle courses, trampoline time, and Rod Floor races will also be included!**

This program will be held at:
**United Gymnastics School: 12550 Chillicothe Rd, Chesterland Ohio 44026**

**Dates:** Program will run from Monday June 19th through Friday June 23rd

**Time:** 9:00AM -11:00AM
We will have a 5 min snack break. Please pack a small snack and/or drink every day.
Unlimited Gatorade for $1.00 per day. Can pay $5.00 for the week on Monday

**Cost:** $99.00 (Please make checks payable to Gina Javorek)
\*Each camp attendee will receive a camp T-shirt as well as pizza and beverage on the last day.

**Friday June 23rd:** TALENT SHOW DAY! Parents don’t miss this opportunity to see what your child has learned throughout the week. Your gymnasts will have the opportunity to show their newly learned skills on each event. Feel free to invite family and friends. Admission is free! Arrive around 10AM to watch.
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**PLEASE MAIL THE CUT OFF BELOW ALONG WITH THE CAMP MEDICAL WAIVER LOCATED ON THE BACK OF THIS FORM. REGISTRATION IS LIMITED TO THE FIRST 75 GYMNASTS**
Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration will be BY MAIL
Send registration to:

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| Gina Javorek12982 Rockhaven RoadChesterland, Ohio 44026**SECURE YOUR SPOT TODAY!** |

Camp Medical Waiver

I, as parent/guardian of the applicant, hereby give permission for my child to participate in the Summer Gymnastics Camp. Applicant is in good health and can participate in all activities. I agree to comply with all program regulations and hereby remove United Gymnastics School, the Summer gymnastics Camp and its employees from any and all claims, liability or demands for any personal injury, sickness or death which may results from participations in the listed camp. This camp is run by the 2017 Summer gymnastics director and staff.

In the event of any emergency, I give my consent for medical treatment by a licensed physician at the nearest medical facility, or as specified here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Emergency contact (with phone #’s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_ |