



Michigan State University *Gymnastics Camp*

Girl's Resident and Commuter Camp

2009 Date:
July 12-16

Directed by Head Gymnastics Coach Kathie Klages. Associate Head Coach Randy Lane and Assistant Coach Katie Teft will serve as master staff along with other prominent coaches from across the country. The Spartan gymnastics team will be your junior counselors for this year's camp. Call 517.355.4708 with questions.

To register online go to: www.sportcamps.msu.edu or call 1.517.432.0730

Ages 8-18 years old

Check-in: 2:00-3:00 p.m. (Sunday)

Check-out: Noon (Thursday)

Camp fees: Resident Camp \$550.00
(includes all meals)

Commuter Camp \$450.00
(includes lunch and dinner)

Camp Features:

- Progression and skill instruction on vault, bars, beam and tumbling
- Group dance sessions
- Conditioning
- Flexibility
- Trampoline and/or tumble track
- Camp ratio 1:8 or less

Gymnastic



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Camp Information

Roommate Requests

To aid us with your roommate and suitemate preferences, please submit your written applications in the same envelope or submit online applications on the same day.

Refund Policy

Campers unable to attend camp are entitled to a refund. A \$55 administrative fee will be deducted from all refunds, regardless of the reason. Refund requests must be submitted in writing PRIOR to the first day of the camp session in which the camper was originally enrolled. No refunds for any reason (i.e. injury, illness) will be given once a camper is on campus.

fax: (517) 355-6891

email: msucamps@msu.edu

Check-In/Check-Out

Time and location of check-in/check-out will be printed on your receipt and sent to you at time of payment.

Medical Policy

Each participant should have his or her own medical insurance. A student trainer will always be available. Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.

Meals

Breakfast 7:00 a.m.–8:30 a.m.

Lunch 11:30 a.m.–1:30 p.m.

Dinner 4:00 p.m.–6:00 p.m.

First meal is Sunday 4:00-6:00 pm

Registration Information

Register online at www.sportcamps.msu.edu or complete the attached application. Full payment by either check, MasterCard or VISA must accompany the application. Make checks payable to Michigan State University. No applications will be accepted before February 1st. You will receive confirmation for receipt of enrollment by mail within 12–15 business days.

Walk-In Registration Policy

NO WALK-IN REGISTRATION IS ALLOWED FOR GYMNASTICS.

MSU Sport Camp Policy

Persons enrolled in MSU Sport Camps will be required to attend all sessions and to comply with the rules and regulations of Michigan State University governing the conduct of all students on the campus.

Contact Information

Sports specific questions contact:

p: 517.355.4708

General/Registration/Roommate questions:

p: 517.432.0730

w: www.sportcamps.msu.edu



The Gymnastics Camp Application

REGISTER AT WWW.SPORTCAMPS.MSU.EDU
PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: _____

Daytime Telephone: (_____) _____

Evening Telephone: (_____) _____

E-mail: _____

Grade in September: _____ Age: _____

Sex: _____ Date of Birth: _____ Ht: _____ Wt: _____

Roommate preference: _____

Suitemate preference _____ Suitemate preference _____

(A SUITE IS TWO ROOMS WITH CONNECTING BATH)

Adult Shirt Size: S M L XL

Youth Shirt Size: S M L XL

Please circle level of Gymnastics: RECREATIONAL COMPETITIVE

Level: _____

Please enroll me in the following Gymnastics camp:

Camp Date	Resident	Commuter
JULY 12-16	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$450.00

U.S. FUNDS ONLY.

Please make checks payable to
MICHIGAN STATE UNIVERSITY

Check one: CHECK MASTERCARD VISA

Card Number _____

3 digit security code _____ Exp. Date _____

Signature _____

Amount of Check/Charge enclosed _____

Medical Treatment Authorization Form

Participant's Name _____ DOB ____/____/____

What Sport: Gymnastics

Date of Camp: July 12-16

Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary): _____

2. List any medications currently taking: _____

3. List any allergies: _____

In case of emergency please contact:

Name _____

Daytime Telephone _____ Evening Telephone _____

Name of Medical Insurance _____ Company Telephone _____

Insurance Policy Numbers _____

_____, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) _____ Date _____

Send Application and Medical Treatment Form with payment in full to:

MICHIGAN STATE UNIVERSITY
Sports Camp Office
402 Jenison Field House
East Lansing, MI 48824-1025
Fax: 1-517-355-6891