

2012 Gymnastics Camp at Hamline University

Welcome to the 28th annual Gymnastics Camp at Hamline University. We offer experienced and professional instructors along with outstanding facilities for very affordable rates. The high number of repeat campers each year speaks for itself. We look forward to seeing you this year!

Who is Gymnastics Camp for?

We encourage all ability levels, from those with no prior gymnastics experience to gymnasts at competitive Level 10. Ages range from six to eighteen. Overnight camp accommodates girls only, going into fourth grade or older.

A Typical Day at Camp

Overnighters rise by 8 a.m. for breakfast in Sorin Residence Hall's cafeteria. Training begins at 9 a.m. in Walker Fieldhouse. We warm up, split into groups, and rotate to the first three events of the day. We eat lunch in the cafeteria then return to warm ups and stretching. Groups rotate to their last three events for the day. Practice finishes with an hour of supervised open swimming. After the pool, day campers are picked up, while overnighters eat dinner in the cafeteria. Evening activities include videos, open gym, and "fun nights." Day campers are welcome to return for these evening activities. Lights are out by 10 p.m. Camp finishes Friday of each week with a short exhibition at 4 p.m. in the Walker Fieldhouse. Parents, family, and friends are invited to attend. If you are attending both weeks, please note that no boarding is available over the weekend.

Day Camps: June 11–15 & June 18–22, 2012. Choose one or both weeks

Check-In on Sunday Night: All day campers check in on Sunday night at 7 p.m. in Walker Fieldhouse. The check-in process lasts about an hour, after which day campers are free to go home.

Early Drop-Off for Day Campers: Parents who pre-register may drop their child off between 7:45 and 8 a.m. for breakfast in Sorin Dining Hall. Cost is \$10 per day for breakfast. Please indicate early drop-off days on the registration form.

Overnight Camps: June 10–15 & June 17–22, 2012. Choose one or both weeks

Check-In on Sunday Night: All overnight campers check into the residence hall at 6 p.m. on Sunday night.

Accommodations: Overnight campers will stay in a Hamline residence hall. It has secure entrances and campers are supervised by the residential administrators and our own counseling staff. The dorm rooms are double occupancy only! The bathroom and shower facilities offer clean, individual stalls for privacy. The dorms have lounge spaces with TVs and VCRs. Campers are constantly supervised.

Registration Deadlines

Registration forms, including the balance of camp fees, are due by June 1, 2012

Refunds requested in writing on or before June 1, 2012 will be honored, minus a \$20 processing fee. After June 1, all deposits are non-refundable. There will be no refunds after June 8, 2012.

Camp Staff

Our staff is highly skilled in spotting and teaching both sound fundamentals and high-level skills. They know you come to camp to have fun and learn new skills! Our coaching staff includes instructors from clubs, colleges, and high school programs throughout Minnesota and the United States. The camp is directed by Doug Byrnes, head coach of Hamline University women's gymnastics team and owner of Spirit Gymnastics, Inc.

Location

Hamline is located in a residential neighborhood midway between the downtowns of Minneapolis and Saint Paul. For a map or directions, go to www.hamline.edu and click on "Locations" under Hamline Information.

Contact Info

Camp Director: Doug Byrnes

Gym Phone: 651-523-2383

Cell Phone: 651-206-7796

Email: dbyrnes@hamline.edu

Fax: 651-523-3075

**2012 Gymnastics Camp at Hamline University
Registration and Health Form**

Name _____ Date of Birth _____ Age _____
Grade (2012/13 school year) _____

Address _____ City _____ State _____ Zip _____
Home Phone (____) _____

Mother's Name _____ Work Phone _____
Cell _____

Father's Name _____ Work Phone _____
Cell _____

Contact email address(es) (used for all communication):

T-Shirt Size (circle one) Child: S M L Adult: XS S M L XL
Roommate Request (only one) _____

Gymnastics Level (circle one): **Competitive**: H.S. MAGA Division _____ XCEL Level _____ USAG Level _____
Recreation Gymnastics & years of participation _____

If my child becomes ill & I cannot be reached, please call:

1. Name _____ Phone (____) _____ 2. Name _____
2. Phone (____) _____

Health Insurance _____ Policy Number _____

If my child should need hospitalization, hospital of choice: _____

Child's physician _____ Phone number: (____) _____

Please list or explain any immediate health or physical situation we should take special consideration of:

_____ Allergies: _____ Medications: _____

Has your child been knocked unconscious at any time in the last year? _____
If yes, please describe: _____

Please list and describe any major illness or injuries sustained in the last three years:

Explain any of your child's other special needs:

I consent for Hamline to provide ibuprofen to my child. yes no

Realizing that the activity for which I am making this application involves a certain amount of risk to me/my child, I hereby agree to assume all such risk or loss, damage or injury to the person and property of my child and to release and indemnify Hamline University, Spirit Gymnastics, Inc., and the agents and employees, from any and all claims from such loss, damage or injury sustained by me/my child while engaging in such activity. All campers must be covered by their own medical insurance. I also understand Hamline Camp retains the right to use any photos, videos, or other advertising for any legitimate purpose.

The undersigned gives permission to Spirit Gymnastics, Inc., its owners and operators, to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare on this form any physical / mental problems, restrictions, or conditions and / or declare the participant to be in good physical and mental health. In the case of an emergency, I request that the doctor / physician I have indicated on this form be called and that my child be transported to the hospital I have indicated above.

Signed _____ Date _____

Week One—June 10–15, 2012 (please check your desired option)

_____ **Day Camp** \$390/wk/camper (deposit of \$75/wk due with registration) **Early Drop Off** (circle days) M T W Th F (add \$10/day)

_____ **Overnight Camp** \$515/week/camper (deposit of \$100 per week due with registration)

Week Two—June 17–22, 2012 (please check your desired option)

_____ **Day Camp** \$390/wk/camper (deposit of \$75/wk due with registration) **Early Drop Off** (circle days) M T W Th F (add \$10/day)

_____ **Overnight Camp** \$515/week/camper (deposit of \$100 per week due with registration)

\$20 Special Discounts: (1) deduct \$20 Enrolled in both weeks (2) deduct \$20 if Sibling of enrolled camper (does not apply to 1st camper)

\$20 Late Fee: if registering after June 1, 2012

Wk 1 _____ + Wk 2 _____ + Early Drop _____ - Disc(1) _____ - Disc(2) _____ + Late Fee _____ = _____ **Total Due**

Check Payable: **Gymnastics Camp** (total deposit due with registration)

Mail Check and Registration to: **Gymnastics Camp**
Hamline University, MS-A1795
1536 Hewitt Ave.
Saint Paul, MN 55104