



## *Commuter registration*

*Dear Parent(s),*

*The staff at Rocky Mountain Training Camp is excited and looking forward to having your daughter as a part of our camp this summer. We know that she will have an enjoyable and rewarding experience. Enclosed you will find important information needed before your gymnast's arrival at camp.*

### **CAMP REGISTRATION IS COMPLETE WHEN:**

- 1.) All forms have been completed and received at [michele@starsgymco.com](mailto:michele@starsgymco.com)**
- 2.) A photocopy of your athlete's insurance card has been received**
- 3.) Payment has been processed**

**Camp will be filled in order by the receipt of completed application, forms, and payment in full. A camper with a completed application, payment, and camp forms will be moved into camp ahead of one that is missing materials.**

A schedule of events will be posted for the duration of camp in April. All campers are welcome (but not required) to join any of the evening activities. The admission price of all camp activities will be paid, by the camp, for all campers, as long as the camper is at the activity site at least 5 minutes prior to the scheduled start of the activity. Any camper arriving after this time will be responsible for their own participation costs. We thank you, immensely, for being prompt in picking your child up at the end of the activity.

**REFUND POLICY:** All fees (less \$100) may be refunded until 6/15/20 for any reason. After 6/15/20, refunds will be made for documented medical reasons only. After 7/1/20 no refunds will be made for any reason. You may not transfer any payment made to another athlete's camp fee. Requests for refunds must be submitted to Michele Maccagnan at [michele@starsgymco.com](mailto:michele@starsgymco.com).

**START OF CAMP:** Please check your athlete in at the gym (3870 Mallow Rd. C/S CO 80907) by 9:50a.m. on Saturday July 18, 2020.

**LUNCH:** All commuter campers will need to bring their own sack lunch. Remember to pack a nutritious and plentiful lunch. Also be sure to bring extra fluid during this week and have the girls clearly label their water bottles.

**CONCLUSION OF CAMP:** We will have the girls do their dance presentations and then awards beginning at 2:00 on Tuesday. All parents are encouraged to attend. Camp will conclude at the end of the presentations.



ROCKY MOUNTAIN TRAINING CAMP DAILY  
SCHEDULE July 18 - July 21  
**COMMUTER SCHEDULE**



July 18 - Saturday  
**9:45 Drop off at gym**  
 10:00-10:30 Warm-Up  
 10:30-11:20 Event 1  
 11:20-12:10 Event 2  
 12:10-12:55 Lunch  
 12:55-1:25 Activity  
 1:25-1:40 Warm-up  
 1:40-2:30 Event 3  
 2:30-3:20 Event 4  
 3:20-4:10 Event 5  
 4:10-5:00 Event 6  
**5:10 pick-up**  
**7:00-8:30 TBD**

July 20 - Monday  
**7:45 Drop off at gym**  
 8:00-8:30 Warm-Up  
 8:30-9:20 Event 1  
 9:20-10:10 Event 2  
 10:10-11:00 Event 3  
 11:00-11:45 Lunch  
 11:45-12:15 Activity  
 12:15-12:30 Warm-up  
 12:30-1:20 Event 4  
 1:20-2:10 Event 5  
 2:10-3:00 Event 6  
**3:10 pick-up**  
**6:30-8:00 TBD**

July 19 - Sunday  
**Sunday 7:45 Drop off at gym**  
 8:00-8:30 Warm-Up  
 8:30-9:20 Event 1  
 9:20-10:10 Event 2  
 10:10-11:00 Event 3  
 11:00-11:45 Lunch  
 11:45-12:15 Activity  
 12:15-12:30 Warm-up  
 12:30-1:20 Event 4  
 1:20-2:10 Event 5  
 2:10-3:00 Event 6  
**3:10 pick-up**  
**6:30-8:00 TBD**

July 21 - Tuesday  
**7:45 Drop off at gym**  
 8:00-8:30 Warm-Up  
 8:30-9:15 Event 1  
 9:15-10:00 Event 2  
 10:00-10:45 Event 3  
 10:45-11:30 Lunch  
 11:30-11:45 Warm-up  
 11:45-12:30 Event 4  
 12:30-1:15 Event 5  
 1:15-2:00 Event 6  
 2:00-3:00 Dances, awards & exhibition  
 End of Camp!



**719-598-6863**

**THEME DAY ACTIVITIES**  
 Sat. - Red, white & blue day  
 Sun. - super hero day  
 Mon. - Hula/beach day  
 Tues. - Mismatch/clash Day

## Gymnast Information: Commuter or Resident

Gymnast's Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_  
Email: \_\_\_\_\_

*Person(s) to be contacted if parent's are not available:*

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Level Competed: \_\_\_\_\_ program JO / Xcel Coaches Name \_\_\_\_\_  
Coaches Email or gym email \_\_\_\_\_

*Although we make every effort to accommodate roommate requests, these requests are not guaranteed.*

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Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Health Problems (Please specify allergies, asthma, dietary restrictions, vision, diabetes, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Please check all non-prescription medications you give Rocky Mountain Training Camp and its staff permission to administer to your child:  Tylenol  Aspirin  Ibuprofen  Tums  
 Cough/cold medication  Benadryl  Antihistamine  Sunscreen  Neosporin

### AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR

The undersigned, as a parent or legal guardian of the child registered on this form, hereby authorizes Rocky Mountain Training Camp and its delegated leaders and directors to provide consent for any medical treatment, transportation by ambulance, and/or hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Rocky Mountain Training Camp, endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that Rocky Mountain Training Camp and its designated leaders and directors are not legally or financially liable for any advised faith in connection with any authorized event, and shall remain effective until revoked in writing and delivered to authorized Rocky Mountain Training Camp Representative(s).

All campers must be covered by their own medical insurance. All medical expenses incurred will be the responsibility of the camper or camper's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program as outlined in the camp brochure and registration forms, which I have read.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of the Camper's Doctor \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*CAMPERS MUST CHECK IN ALL MEDICATIONS UPON ARRIVAL\*\*\*\*\*



## ASSUMPTION OF RISK

Coaching gymnastics is a complex profession conducted by competent, highly trained, certified specialists. We, at Rocky Mountain Training Camp, provide a trained staff and approved equipment. We take our business seriously and our coaches are professionals (not volunteers.)

### **This Paragraph MUST be read in its entirety**

By the very nature of the activity, gymnastics and all camp activities carry a risk of physical injury. No matter how careful the students and the instructors are, how many spotters are used, what height is used or what landing surface exists, the risk can not be eliminated. Risk can be reduced, not eliminated. The risk of injury includes minor injuries, such as bruises and more serious injuries, such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries, such as permanent paralysis or even death from landing or falling on the back, neck, or head. **CAMPERS MUST BE COVERED BY THEIR OWN INSURANCE.** (Statement quoted from the USAG safety manual.)

By choosing to participate at Rocky Mountain Training Camp, each gymnast and her family has been forewarned of the dangers involved. If a gymnast or family member has any reservation regarding the inherent danger of the sport of gymnastics, we ask you to please consult with the staff prior to signing this release. **Warning! Catastrophic injury, paralysis, or even death can result from participation in the sport of gymnastics.**

## DOCUMENTATION OF NOTIFICATION

**I CERTIFY THAT I HAVE READ THE ABOVE STATEMENTS AND BEEN NOTIFIED OF RISK IN GYMNASTICS AND DO NOT HOLD THE COACHES, DIRECTORS, OWNERS, OR OTHER EMPLOYEES OF ROCKY MOUNTAIN TRAINING CAMP RESPONSIBLE FOR ANY INJURY OR DEATH SUFFERED WHILE ON THESE PREMISES.**

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GYMNAST'S SIGNATURE

\_\_\_\_\_  
DATE