



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**
- 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.

REFUND POLICY: All fees (less \$50) may be refunded until 6/15/21 for any reason. After 6/15/21, refunds will be made for documented medical reasons only. 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.

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 17, 2021.

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 17 - July 20

COMMUTER SCHEDULE



July 17 - 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

July 18 - 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

July 19 - 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

July 20 - 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!

Stars
GYMNASTICS



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:

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