P.O. Box 4088 Tequesta FL 33469 Tel: (561) 743-8550 www.usgymnasticscamps.com Email: usgtc@bellsouth.net

USGTC Summer Cheer Skills Camp for Teams August 15-16 2010

At Mount Holyoke College. S. Hadley MA

Resident and day camper application

_____ _____ _____ (_____) _____ -_____
First name Last Name Initial Tel. Number

_____ _____ _____ _____
Street or P.O. Box Number City or Town State Zip Code

Email:_____Cell ( ) _____-_____ Date of birth ___/___/___ Age When at camp____ Sex____

_____ _____ (_____) _____ _____ (_____) _____- _____
Mother's last name First name Work number Cell number

_____ _____ (_____)_____ (_____) _____ _____
Father's last name First name Work number Cell number

Team_____ Owner or coach_____

Tel: ( )_____-_____Town_____ State_____ Please mail me_____ flyers and applications for my team

RESIDENT CAMPERS $260.00 DAY CAMPERS $230.00 I am a day camper____ Resident camper____

$50.00 DEPOSIT IS REQUIRED WITH THIS APPLICATION. FULL PAYMENT IF PREFERED.

- **FINAL PAYMENT IS DUE BY JUNE 1. RESIDENT CAMPERS $ 210.00 DAY CAMPERS $180.00**
- Registrations and payments after June 1 must be paid in full by money order, cashier or bank check. **NO PERSONAL CHECKS**!!
- ALL CHECKS PAYABLE TO: USGTC
- MAIL TO OUR NATIONAL OFFICE: USGTC, P.O. Box 4088, Tequesta, FL 33469.

CREDIT CARD INFORMATION
Please print card number large and clear

____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Exp. Date___/___/___ Credit card billing address_____

Print card holders name_____

Signature _____

Refund and Returned Check Policies

- Written notice of cancellation received by June 1. You will receive $99.00 less $15.00 processing fee.
- No Refunds after June 1. This includes cancellations for medical and athletic injuries.
- There is no reduction or refund of fees for late arrivals or early departures.
- Returned Checks – There is a $35.00 Processing Fee.

We Only Accept Refund Requests in Writing.

Please pay special attention to our refund policies

I hereby authorize USGTC staff to act for me according to their best judgment, during an emergency requiring medical attention. I hereby waive and release USGTC and Mount Holyoke College, from any and all liabilities, injuries or illnesses incurred while at camp. I understand that participation in gymnastics involving motion, rotation, and height, in a unique environment, carries with it the risk of injury, and even death. I understand that all medical expenses incurred will be the responsibility of parents or guardians. USGTC requires families to carry their own medical insurance. In Lieu of a medical certificate signed by a medical doctor, I have no knowledge of any medical or mental impairment that will prohibit my child from participating in the USGTC Cheer Camp program. I give USGTC permission to use camp photos, film, and video of my child for USGTC advertising purposes only.

_____ Date_____/_____/_____

Parent or Guardian Signature

Your camp packet will be sent, once we receive this completed application.

More camp applications and flyers are on our website.