2012 USGTC Cheer Skills Camp Application

Email: usgtc@bellsouth.net P.0. Box 4088, Tequesta, FL. 33469 Tel: (561) 743-8550 www.usgymnasticscamps.com

Camp dates: August 5-11

Check one √ ☐ **Resident Camper $795.00** ☐ **Day Camper $575.00 (Daily lunches are included)**

_____ _____ _____ ( ) _____
Camper's Last Name | First Name | Mid. Initial | Home Tel. Number

_____ _____ _____ _____
Street or Box Number | City or Town | State | Zip Code

Parent Email: _____ Our team is signing up: ☐Yes ☐No

Date of birth ___/___/___ Age your first camp day_____ (Must be at least 8) Sex____ Parent work number ( )_____

_____ _____ ( ) _____
Mother's last name | First name | Cell number

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

I heard about USGTC from: ☐ Internet ☐ My Gym ☐ A friend ☐ Competition Please mail me # _____ brochures for my gym.

My cheer squad is _____ Street_____Town_____ State_____ Zip_____

I compete for: ☐ Pop Warner ☐ Elementary ☐ Junior high ☐ Junior varsity ☐ Varsity ☐ Other_____

Would your cheer squad like a visit from our camp director to learn all about our cheer skills camp? ☐ Yes ☐ No

REGISTRATION DEPOSIT: $100 PER SESSION is required and must accompany this application. **I HAVE ENCLOSED A DEPOSIT FEE OF $**_____ **OR TOTAL CAMP FEE OF $**_____ **DO NOT DEDUCT DISCOUNTS FROM YOUR DEPOSIT:** All discounts are deducted from your final payment. DISCOUNTS: $40 deducted for each additional sibling in your family. **ALL CHECKS PAYABLE TO USGTC:** Mail to USGTC, P.O. Box 4088, Tequesta, FL 33469. Please, no faxed applications. **FINAL PAYMENT:** Balance due by April 30. Registration and payments after April 30 must be paid in full by money order, cashier or bank check. No credit card payments or personal checks will be accepted after April 30.

ROOMMATE POLICIES- We accommodate two or three campers per room.
TEAMS- We will do our best to place teammates in the same dorm. We do not guaranty that a full team will be on the same floor.
8-9 YEAR OLD GIRLS must live in the youth dorm. Older campers can room with youth campers but only on a youth floor.
We do not accept requests for children to room next to friends or be in specific dorms.
Meeting new friends is an important part of USGTC camp life!!
Roommate changes are not accepted by phone. Changes must be in writing and agreed to by each roommate.

Please room me with (1)_____ Age ____ (2) _____ Age____

Do you want to room near teammates?_____ This will be my _____ year at USGTC.

Rommate changes are not accepted by phone. Changes must be in writing and agreed upon by all roommates

-CREDIT CARD INFORMATION-
NO CREDIT CARDS OR PERSONAL CHECKS ARE ACCEPTED AFTER APRIL 30

Please print card number large and clear ___/___/___/___/___/___/___/___/__/___/___/___/___/___/____/___

Exp. Date ___/___/___ *Please charge my credit card $*_____ ☐ *My credit card billing address is the same as above*

*Different billing address*_____

*Print card holder's name*_____ *Signature*_____ *Date*____/____/____

REFUNDS & OTHER POLICIES

•Returned checks-There is a $35.00 processing fee for each check. • Written notice of cancellation received by April 30. Deposit less $75.00 will be refunded. • After April 30, registration deposits are non refundable and non transferable. • Written cancellation post marked thirty days prior to first camp day-you will receive session fees less deposit. • Cancellation with in thirty days of our first camp day**-ABSOLUTELY NO REFUNDS FOR ANY REASON**

WE HIGHLY RECOMMEND THAT YOU PURCHASE CAMP CANCELATION INSURANCE

Camp cancelation insurance is an inexpensive way to help protect your pre camp financial investment.
www.travmark.com (800) 358-0779x221 - Give our Organization name - US Cheer- ID# USCH 11
We do not allow camper cell phones or other electronic devices.

DO NOT REGISTER UNLESS YOU AGREE TO ALL OF OUR ROOMMATE, REFUND, AND OTHER 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 cheerleading 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 or use of drugs that will prohibit or impair my child in any way from participating in the USGTC Cheer Camp program. I give USGTC permission to use camp photos, film and videos of my child for USGTC advertising purposes.

_____ Date_____/_____/_____ Did you circle your camp sessions?
Parent or guardian signature required