2012 USGTC Camp Application - CAMP SITE: Mount Holyoke College, S Hadley, Massachusetts

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

√ CHECK SESSIONS ATTENDING ☐Session One: July 29 - August 4 ☐Session Two: August 5-11 ☐Both: July 29-Aug. 11

√ CHECK NUMBER OF WEEKS ATTENDING (Weekend fee is included for resident two week campers)

☐RESIDENT One Week $1,175 ☐RESIDENT Both Weeks $2,390 ☐DAY CAMP One Week $650 ☐DAY CAMP Both Weeks $1,100

_____ _____ _____ ( ) _____

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

_____ _____ _____ _____

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

Parent Email: _____ Parent Work number: (_____) _____

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

_____ _____ ( ) _____

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 ☐ USAG Magazine Please mail me # _____ brochures for my gym friends.

My gym club is _____ Town_____ State_____ This will be my ____ year at USGTC.

WE ACCEPT CREDIT CARDS FOR DEPOSITS ONLY. We do not accept credit cards for final payments. Registration deposit: $250 per session is required and must accompany this application. **I HAVE ENCLOSED A DEPOSIT FEE OF $_____ OR A TOTAL CAMP FEE OF $_____ DO NOT DEDUCT DISCOUNTS FROM YOUR DEPOSITS.** All discounts are deducted from your final payment. DISCOUNTS: Enjoy our $75.00 discount, if post marked by Dec 31, 2011 - $40 deducted for each additional sibling in your family. **ALL CHECKS PAYABLE TO: USGTC:** Mail to USGTC, P.O. Box 4088, Tequesta, FL 33469. NO faxed applications. **FINAL PAYMENT:** Balance due by May 31. 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 May 31.

-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 AND RETURNED CHECK 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 - U.S. Gymnastics - ID # usgy11

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!!

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

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

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

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 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 or use of drugs that will prohibit or impair my child in any way from participating in the USGTC program. I give USGTC permission to use camp photos and videos, only for camp advertising purposes.

_____ Date_____/_____/_____ Did you circle your camp sessions?

Parent or guardian signature required

WE ACCEPT REGISTRATIONS UP UNTIL CAMP IS FILLED

PLEASE PHOTO COPY THIS APPLICATION FOR YOUR RECORDS-DO NOT FAX THIS APPLICATION