

4th Annual Elite Gymnastics Camp at Champions Academy

June 22-26, 2009

This is a specialized gymnastics camp for competitive gymnasts who are serious about improving their craft. Gymnasts will focus on age/level specific basic skills, conditioning techniques, and compulsory and/or optional routine development. Campers will have the rare opportunity to train with Olympic champion, world champion, and college coaches. You will have a chance to polish your skills, learn new skills, make friends and have tons of fun.



Olympic Silver Medalist
& 5-Time World Champion

Men's Elite Camp



Schedule: Monday (6/22) – Friday (6/26)
Morning workout: 9:30 AM – 12:30 PM
Lunch/rest: 12:30 PM – 1:30 PM
Afternoon workout: 1:30 PM – 4:30 PM



Option A – Full Weekly Camp

5 Full-day Sessions (Mon-Fri)

Including field trip, finale Inters-quad, and Friday night sleepover, super slide, karaoke & more)



\$500.00 (Lunch NOT Included)
\$535.00 (Lunch INCLUDED)

Daily Schedule (subject to change):

- ♦ Monday – Basic Skills
- ♦ Tuesday – Apparatus Skills & Drills
- ♦ Wednesday – New Skills (F, PH, R)
- ♦ Thursday – New Skills (V, PB, HB) + Field Trip
- ♦ Friday – New Skills, Inter-squad + Super Slide, Sleepover

Daily rates available, see registration form for details. Registration open March 1, 2009. Check www.causa.us for updates or email info@causa.us for information.

Super Specials

Early Bird Discount

\$50 OFF Weekly Camp

When you register & pay in full
by April 30

Group Discount

10% OFF for groups of 15 or
more from the same club (must
submit all registration forms with
ONE payment)



MEMBER DISCOUNT: 10% OFF CAMP FEES



2009 Elite Summer Camp Registration Form

(Use One Form for the Same Family)



Child's Name (First & Last) _____ DOB _____ Age _____ M / F

Address _____ City & Zip _____

Parent's Name (First & Last) _____ E-mail: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Emergency Contact (Non parent) _____ Phone: _____

How did you hear about our camp? _____

***** **CAMP FEES** *****

Option A (Full Session) MEN'S GYMNASTICS CAMP (June 22-26. See below for time) Selection Amount

Lunch INCLUDED \$481.50 (CAUSA Member) OR \$535.00 (Non-member) X _____ (No. of Campers) =

Lunch NOT Included \$450.00 (CAUSA Member) OR \$500.00 (Non-member) X _____ (No. of Campers) =

\$ _____

Option B Customized Daily Rate MEN'S GYMNASTICS CAMP (Circle Days - Lunch NOT included) OR

Monday 6/22	Tuesday 6/23	Wednesday 6/24	Thursday 6/25	Friday (9am-6pm)
Basic Skills	Apparatus Skills & Drills	New Skills (F, PH, R)	New Skills (V, PB, HB) Field Trip	New Skills, Inter-squad Super Slide, Sleepover
Monday - Thursday 9:30am - 4:30pm \$108.00 (Member) per day / \$120.00 (Non-member) per day			\$141.50 (Member) \$155.00 (Non-Member)	\$121.50 (Member) \$135.00 (Non-Member)

***** **DISCOUNTS** *****

Group Discount (for groups of 15 or more of the same club) Club Name _____ 10% Off Non-member Camp Fee - _____

Early Bird Discount (register weekly camp by April 30) \$50 Off Full Session Weekly Fee - _____

Sibling Discount \$10 Off (2nd and additional child) - _____

Group Discount: for groups of 15 or more from the same club, receive 10% off non-member rate. Must submit all forms with ONE payment to qualify.

Subtotal _____

***** **ADD-ON** *****

Monday 6/22	Tuesday 6/23	Wednesday 6/24	Thursday 6/25	Friday 6/26
Extended Care (Earliest drop off: 9:00 AM, Latest pick up: 5 PM-Indicate Time Below)				
<input type="checkbox"/> Before camp <input type="checkbox"/> After camp	<input type="checkbox"/> Before camp <input type="checkbox"/> After camp	<input type="checkbox"/> Before camp <input type="checkbox"/> After camp	<input type="checkbox"/> Before camp <input type="checkbox"/> After camp	<input type="checkbox"/> Before camp <input type="checkbox"/> After camp <input type="checkbox"/> Sleepover Only (\$40.00)
\$5.00 per 1/2hr at the time of registration OR \$10.00 per 1/2hr on the day of camp				

+ _____

Lunch (Indicate days to add lunch)

Lunch (\$10) Lunch (\$10) Lunch (\$10) Lunch (\$10) Lunch (\$10)

+ _____

PAYMENT & REFUND POLICY: Full payment due at the time of registration.
\$100 non-refundable before May 31, 2009. NO refund after May 31, 2009

Check Payable to CAUSA
Total Due: \$ _____

Medical Consent and Release of Liability (MUST BE SIGNED BEFORE PARTICIPATION)

Physician: _____ Phone: _____

HMO: _____ Medical #: _____



Are there any allergies, medical conditions or special needs we should be aware of? _____

I authorize Champions Academy (CAUSA) or its designated agent to consent to any medical treatment and/or hospital care, which is given to the child, listed on this form, under the supervision of a duly licensed physician or trained medical personnel. Also, unless otherwise stated, I agree to allow CAUSA to participate in all youth activities and for photographs including the above named minor to be used for marketing purposes. I also grant permission to my child to ride in any CAUSA transportation that is provided by CAUSA.

I understand that my child will be participating in a gymnastics related activity at Champions Academy. I understand that as with all physical activities, there is a chance for injury. I therefore hold CAUSA, it's employees and its officers harmless should any injury occur.

Parent's Signature _____ Print Name _____ Date _____

***** **OFFICE USE ONLY** *****

Payment Method Cash Check# _____ Credit Card-Auth# _____ Amount paid \$ _____ Date _____