

# 4th Annual Elite Gymnastics Camp **June 22-26, 2009** at Champions Academy



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.

## Women's Elite Clinic



Schedule: Monday (6/22) – Friday (6/26)  
Workout: 9:30 AM – 1:30 PM



### Super Specials

#### Early Bird Discount

\$20 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)

Daily Schedule (subject to change):

- ◆ Monday – Beam & Floor/Dance
- ◆ Tuesday – Bars & Vault
- ◆ Wednesday – Beam & Bars
- ◆ Thursday – Floor/Dance & Vault
- ◆ Friday – Routines & Finale Inter-squad



Weekly Rate (includes FREE Snacks, T-shirt,  
Super Slide & Sleepover): \$350.00

Daily Rate: \$75.00

Friday Super Slide & Sleepover Only \$40.00

Registration open April 1, 2009. Check  
[www.causa.us](http://www.causa.us) for updates or email [info@causa.us](mailto:info@causa.us)  
for information.

**MEMBER DISCOUNT: 10% OFF CAMP FEES**





# 2009 Elite Summer Camp Women's Clinic 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) WOMEN'S GYMNASTICS CAMP (June 22-26, See below for time) **Selection Amount**  
 \$315.00 (CAUSA Member) OR  \$350.00 (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 6/26           |
| Beam & Floor/Dance                                      | Bars & Vault | Beam & Bars    | Floor/Dance & Vault | Routines, Inters-quad |
| 9:30am - 1:30pm   |              |                |                     |                       |
| \$67.50 (Member) per day / \$75.00 (Non-member) per day |              |                |                     |                       |

\$ \_\_\_\_\_

\*\*\*\*\* **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) \$20 Off Full Session Weekly Fee - \_\_\_\_\_

Sibling Discount \$10 Off (2<sup>nd</sup> 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<br><input type="checkbox"/> After camp          | <input type="checkbox"/> Before camp<br><input type="checkbox"/> After camp | <input type="checkbox"/> Before camp<br><input type="checkbox"/> After camp | <input type="checkbox"/> Before camp<br><input type="checkbox"/> After camp | <input type="checkbox"/> Before camp<br><input type="checkbox"/> After camp<br><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)   |   |   |   |  |
| <input type="checkbox"/> Lunch (\$10)  | <input type="checkbox"/> Lunch (\$10)                                       | <input type="checkbox"/> Lunch (\$10)                                       | <input type="checkbox"/> Lunch (\$10)                                       | <input type="checkbox"/> 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** \*\*\*\*\*

Amount paid \$ \_\_\_\_\_ Date \_\_\_\_\_

Payment Method  Cash  Check# \_\_\_\_\_  Credit Card-Auth# \_\_\_\_\_