

Important Michigan Gymnastics Camp Information:

- ❑ After registration on Sunday we will do a skills testing for all the campers to determine which groups to place the athletes in. Our groups are based on their demonstrated skill level, as our experience has shown that campers are able to get the greatest benefit from this type of placement. Therefore, we will not be able to group or move campers between groups for any other reason.
- ❑ Please have campers bring a bag to store their clothes and shoes in during practice so we do not have those items loose lying around the gym.
- ❑ Bev will welcome campers prior to testing, and discuss the gym rules and introduce the staff at that time.
- ❑ Dinner on Sunday night will be served at the gym after skills testing.
- ❑ Sunday night will be an open gym session to allow the campers to familiarize themselves with the gym and the equipment.
- ❑ All sessions are technically open for viewing, however space for watching will be extremely limited (for liability reasons we cannot have parents out in the gym during training), and in the past we have found that having parents there can be distracting to the campers as well.
- ❑ Commuter campers will need to be signed out anytime they are leaving camp. Please remember to bring a photo ID in when you come to pick up your daughter so we can verify your identification.
- ❑ Gymnasts will need to bring any athletic tape or other supplies needed to participate in practice.
- ❑ Monday morning will be the first session with the girls in their designated groups.
- ❑ Breakfast for resident campers will be at the residence hall.
- ❑ Lunch each day will be catered to the gym.
- ❑ Dinner each day will be at the Hometown Buffet.
- ❑ Absolutely no food or drinks (except **water** in a leak proof plastic water bottle) will be allowed in the gym.
- ❑ Each day the gymnasts will have rotations on Vault, Uneven Bars, Balance Beam, Floor Exercise, Strength and Flexibility, and Dance.
- ❑ Evening sessions will be open gym to allow the gymnasts to work on the events they feel they would like to spend more time on. We will also have a movie playing during the evening session for those who would like to watch that instead.
- ❑ Tuesday afternoon, we will be taking the campers swimming so please be sure they have a swimsuit, towel, sunscreen, etc. for that afternoon. We'll be leaving right after lunch and going directly to dinner from the pool. We will return to the gym in time for the evening session.
- ❑ Thursday morning at 11:00 am the campers will be demonstrating the dances they learned at camp. For logistical reasons, campers will not be able to demonstrate any other skills or events at this time. When they are done, commuter campers may leave with their parents, and resident campers will need to be taken by their parents to clean out their room and check out of the residence hall before returning home.
- ❑ Phone Numbers during camp:

Camp Directors Office	(734) 647-1259
Camp Directors Cell Phone	(734) 645-1355
Bait's 1 Residence Hall Front Desk	(734) 764-4153
Dorm supervisors numbers will be provided at registration	

What to expect at camp registration:

Doors will not open until the specified registration times. When you arrive at registration on Sunday, we will have a number of stations at which you will need to check in. Each of these serves a different function and understanding what each is for ahead of time will hopefully make registration as efficient as possible.

* Please read and have the Release and Consent, Health Insurance, Emergency Information, Medical Information, Health Questionnaire, Physical Exam, Skills Testing, Residence Hall (if a resident camper) and Check-Out forms filled out and signed ahead of time. This will make registration go much faster.

* Due to different accounts and vendors, all stations that require some form of payment (Camp Bank, Camp Photo, Camp Store) will require a separate check or cash payment. One check cannot be written to cover "everything". Unfortunately, we are not able to accept credit cards. All checks should be made out to Michigan Gymnastics Camp Inc., with the exception of camp bank checks, which should be made out to Bev Plocki.

* After registration, parents will need to take Resident Campers to Baits Residence Hall to move into their rooms. We suggest you then go out to lunch and make sure to bring your daughter back to the gym by 2:30pm.

Each of the stations is listed below (not necessarily in order) with a brief description of what its function is:

Initial Check-In: This is the first station. We just verify that you have arrived and that all balances have been paid.

Skills Testing Sheet: Here you'll turn in the skills testing sheets. We will have each camper show us the skills they checked off later in the afternoon during skills testing time so we can evaluate their skill level at this point. This information will be used to help place each camper in the most appropriate group for her skill level.

Camp Bank: This is an optional service we offer for those who prefer to have us hold on to your camper's spending money. When you give the spending money to the staff member at this station, they place it in an envelope with your daughters name on it. At various times of the day, your daughter may obtain some of it from Bev to purchase anything from munchies to leotards from the camp store, or to take back to the residence hall if she wants to get something there. In the past, parents have typically placed anywhere from \$20.00 - \$100.00 in their accounts. Again, this is optional, your daughter may hold on to her own money if you wish as well.

Pre-ordered T-Shirt Pick-up: Here we'll have the t-shirt (optional \$6 extra charge) if you ordered one on your registration form. Due to limited numbers, we will not be able to exchange any sizes

Medical Forms: Our camp trainer staffs this station. You'll turn in the Health Insurance, Emergency Information, Medical Information, Physical Exam and Release Forms to them. You can also discuss any medication schedules or other special health issues your daughter may have at that time. **Please note that the Physical Exam form must be filled out and signed by a doctor before camp in order to participate in any camp activity.**

Camp Photos: Camp photos will be taken Sunday night during the first open gym session. The large group photo is taken first and then individual photos after that. This makes for a nice souvenir for your daughter. Prices are as follows:

Group Photo (8"X10") \$ 12.00

Individual Photo (8"X10") \$ 15.00

*Individual photos can be taken with other friends or staff as well

Housing and Check Out: For both resident and commuter campers, this is where you will turn in your check-out forms. This is the form that gives us the names of those who will be allowed to check out your daughter from camp. We will only release your daughter to those on the list. Residence Hall forms are turned in here as well, and key cards to your resident camper's room in Baits Residence Hall will be distributed.

General Information: This station will have maps and directions to Baits Residence Hall for resident campers, and will be able to answer any other questions you may have regarding camp.

Camp Store: Our camp store has all sorts of items to sell, from drinks and snacks, to leotards and other Michigan Gymnastics apparel. While this is not a required station, few daughters let their parents leave without a visit to the store.

Tentative Daily Schedule (Please check final schedule at registration):

Sunday: 11:00-12:30pm Overnight Reg.	(M,T,W): 9:00am-11:45am Session 1	Thursday: 9:00am-11:00am Session 1
1:30pm-2:30pm Commuter Reg.	11:45am-1:30pm Lunch and Rest	11:00am-11:30am Show
2:30pm-5:00pm Skills Testing	1:30pm-4:15pm Session 2	11:30am Camp Ends
5:00pm Dinner at the Gym	4:15pm-5:45pm Dinner	
6:00pm-7:30pm Open Gym	5:45pm-7:30pm Session 3	

Parent/Guardian Consent, Medical Release and Release from Liability Agreement

Please read the following information carefully before signing.

All blanks must be completed. Please read the following information carefully before signing.

Activity: _____ Activity Time Period: _____

Activity Sponsor: _____

Participant Name: _____

Parent/Guardian Name(s): _____

In consideration for allowing Participant to participate in Activity, I/we, as parents and/or guardians of Participant, agree to the following:

Authorize Participant to participate in the Activity for the Activity Time Period stated above.

Release, indemnify and hold harmless the Activity Sponsor and University from any and all damages, except for damages caused by the sole gross negligence or intentional misconduct of Activity Sponsor or University, arising out of the participation of Participant in the Activity.

Prior to the commencement of the Activity, I/we were made aware of the nature of the Activity, had sufficient opportunity to inquire further, and understand the Activity has inherent risks and I/we and Participant assume, on behalf of Participant, all those inherent risks.

While participating in the Activity, Participant is subject to the policies, rules and regulations of the University and Activity Sponsor. Possession of fireworks, explosives, any weapon, illegal drugs or alcohol is prohibited and cause for immediate expulsion from the Activity. Further, any Participant repeatedly disobeying University or Activity Sponsor policies, rules or regulations may be expelled from the Activity.

Authorize Activity Sponsor, its employees, clinicians, trainers, nurses and agents (collectively, "Activity Sponsor") the authority to seek, obtain, and approve any medical care and treatment including, but not limited to x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which may be recommended and provided under the general supervision of any physician or surgeon, for Participant which, in their judgment, is necessary for the health and well-being of Participant during his/her participation in the Activity. I/We further agree that I/we are(am) solely responsible for any costs incurred and agree to hold the Activity Sponsor and the Regents of the University of Michigan, their employees and agents (collectively, "University") harmless for any liability arising out of any good faith action taken in obtaining medical treatment for Participant.

The above agreements are binding upon us, our estates, heirs, representatives and assigns.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Participant Signature _____

Date _____

HEALTH INSURANCE INFORMATION SHEET

EVERY PARTICIPANT MUST HAVE THIS FORM ON FILE

Private insurance information must be provided, if applicable. Please be advised that, should a participant require medical attention, **you are responsible for paying any costs not covered by insurance.**

Participant Name _____

Participant's Address _____

Participant's Phone Number _____

Date of Birth _____

Insurance Company Name _____ Effective Date _____

Address of Insurance Company _____

Phone Number of Insurance Company _____ Group # _____

Policyholder's Name _____ Policy # _____

Policyholder's Address _____

Relationship to Participant _____

Contract # _____ Employee Number _____

I hereby authorize the release of any medical information which might be needed in connection with payment for medical services.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for all costs not paid by my medical insurance program.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

EMERGENCY INFORMATION AND CONTACTS

Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.

Name of Personal Physician _____ Phone _____

Physician Address _____

Person(s) to be contacted in case of Emergency:

Name _____ Relationship _____

Address _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

UM Summer Camp Health Questionnaire

(To be filled out by Participant's Parent or Guardian)

Participant _____ **Birthdate** ____/____/____ **Sex:** M F

Address _____ **Phone** () _____ - _____

Family Physician _____ **Phone**() _____ - _____

Parent/Guardian _____ **CampType** _____

Medications: (indicate medication(s) which is/are taken on a regular basis:

Medication Name _____ Dosage _____ Directions _____

Medication Name _____ Dosage _____ Directions _____

Note: Participant should bring an adequate supply of their medication(s) with them.

Explain any "yes" answers below:

Yes No

Nervous System: Has the participant ever...

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | had a head injury?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | been knocked out or unconscious?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | had a seizure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | had a stinger, burner or pinched nerve?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | had any problems with his/her eyes or vision?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | worn glasses, contacts or protective eyewear?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Circulation: Has the participant ever...

- | | | | |
|-----|---|--------------------------|--------------------------|
| 7. | been dizzy or passed out during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | had chest pain during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | tired out more quickly than their friends during exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | been told he/she has a heart murmur?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | had racing heart or skipped heartbeats?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | had anyone in their family died of heart problems or sudden death before age 50?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Respiratory:

- | | | | |
|-----|--|--------------------------|--------------------------|
| 13. | Does the participant ever have trouble breathing or cough during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|--|--------------------------|--------------------------|

Musculoskeletal:

- | | | | |
|-----|--|--------------------------|--------------------------|
| 14. | Does he/she frequently have heat or muscle cramps?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Do he/she use any special equipment (pads, braces, neck rolls, mouth guards, etc.)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Has she/he had any injuries of any bones or joints?..... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | | | | | |
|-------------------------------|--------------------------------|-----------------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Chest | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Elbow | <input type="checkbox"/> Wrist | <input type="checkbox"/> Hip | <input type="checkbox"/> Knee | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Back | <input type="checkbox"/> Forearm | <input type="checkbox"/> Hand | <input type="checkbox"/> Thigh | <input type="checkbox"/> Calf | <input type="checkbox"/> Foot | |

Skin:

- | | | | |
|-----|--|--------------------------|--------------------------|
| 17. | Does she/he have any skin problems (itching, rashes, acne, etc.)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|--|--------------------------|--------------------------|

General:

- | | | | |
|-----|--|--------------------------|--------------------------|
| 18. | Has he/she ever had surgery or been hospitalized?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Has he/she had any other medical problems (infectious mono, diabetes, high blood pressure, etc.)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Is he/she taking any medications or pills?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Does he/she have any allergies (food, medicines, bees or other stinging insects)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | When was the participant's last tetanus shot? _____ | | |
| 23. | When was the participant's last measles immunization? _____ | | |

Females only:

- | | |
|-----|--|
| 24. | When was the participant's first menstrual period? _____ |
| 25. | When was the participant's last menstrual period? _____ |
| 26. | What was the longest time between the participant's periods last year? _____ |

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Participant _____

Date ____/____/____

Signature of parent/guardian _____

Physical Examination Information

Date _____/_____/_____

Name of Participant _____ Age _____ Birthdate _____/_____/_____

Each participant must EITHER attach a copy of a physician conducted sports examination applicable to this current academic year OR have a physician complete and then sign the form below.

Clearance: (circle one)

A. Cleared

B. Cleared after completing evaluation / rehabilitation for: _____

C. Not cleared for: Collision

Contact

Noncontact: Strenuous Moderately strenuous Nonstrenuous

Due to: _____

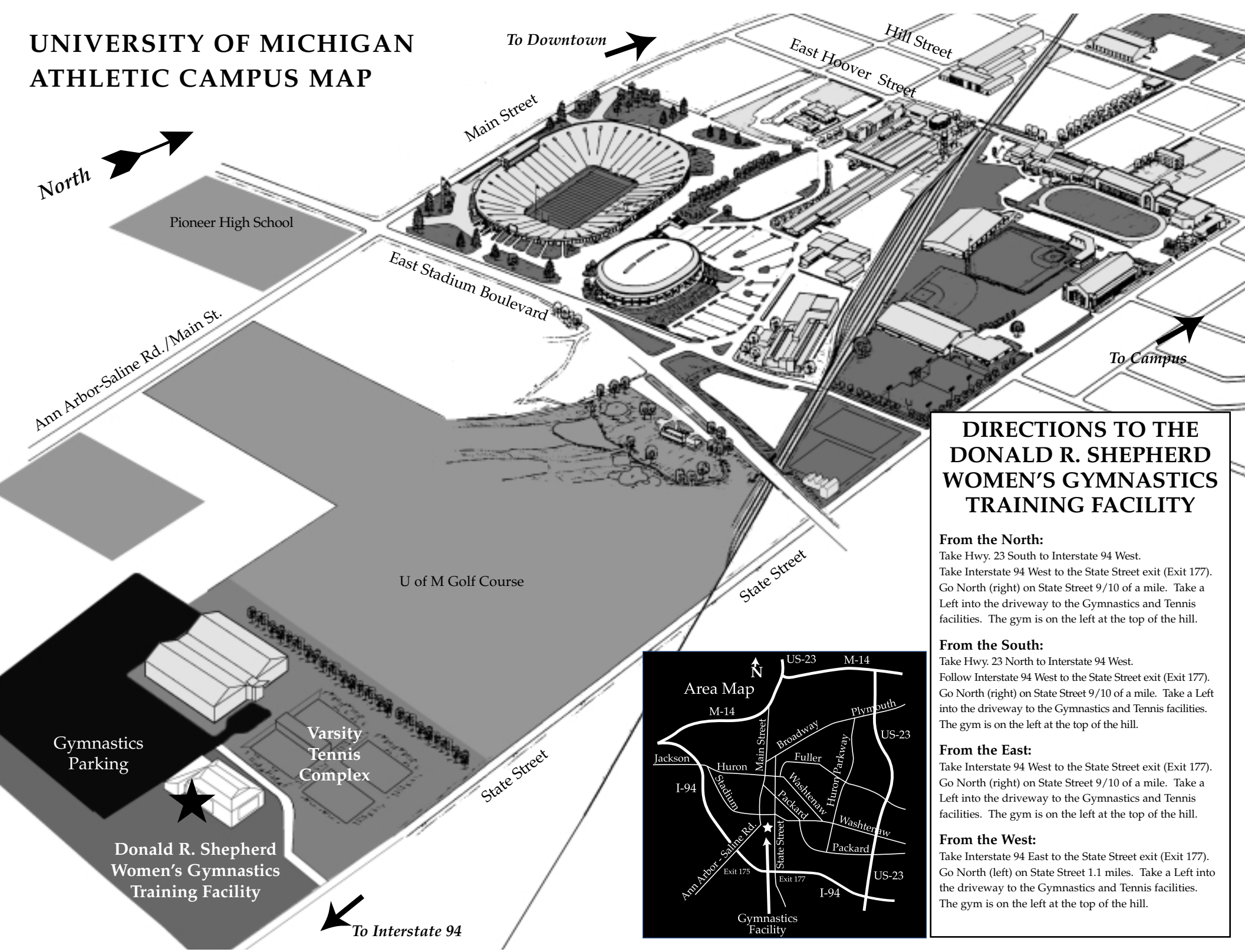
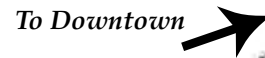
Recommendation: _____

Signature of physician _____ Date _____/_____/_____

Physician Address _____

Physician Phone _____

UNIVERSITY OF MICHIGAN ATHLETIC CAMPUS MAP



DIRECTIONS TO THE DONALD R. SHEPHERD WOMEN'S GYMNASTICS TRAINING FACILITY

From the North:

Take Hwy. 23 South to Interstate 94 West.
Take Interstate 94 West to the State Street exit (Exit 177).
Go North (right) on State Street 9/10 of a mile. Take a Left into the driveway to the Gymnastics and Tennis facilities. The gym is on the left at the top of the hill.

From the South:

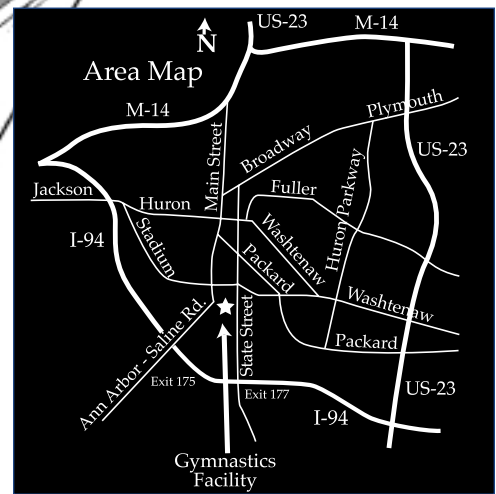
Take Hwy. 23 North to Interstate 94 West.
Follow Interstate 94 West to the State Street exit (Exit 177).
Go North (right) on State Street 9/10 of a mile. Take a Left into the driveway to the Gymnastics and Tennis facilities. The gym is on the left at the top of the hill.

From the East:

Take Interstate 94 West to the State Street exit (Exit 177).
Go North (right) on State Street 9/10 of a mile. Take a Left into the driveway to the Gymnastics and Tennis facilities. The gym is on the left at the top of the hill.

From the West:

Take Interstate 94 East to the State Street exit (Exit 177).
Go North (left) on State Street 1.1 miles. Take a Left into the driveway to the Gymnastics and Tennis facilities. The gym is on the left at the top of the hill.



Gymnastics
Parking

Varsity
Tennis
Complex

Donald R. Shepherd
Women's Gymnastics
Training Facility

U of M Golf Course

Pioneer High School

North

To Downtown

To Campus

To Interstate 94

2010
UNIVERSITY OF MICHIGAN
SUMMER CAMPS

Dear Camper and Parent/Guardian:

Residence Hall Rules and Regulations with regard to camper conduct and the use of facilities are established in compliance with state and federal laws and the University of Michigan Regents' by-laws. Camp registration is predicated upon the understanding of these rules and regulations. All program participants must abide by them regardless of age. This includes coaches, trainers, and other camp personnel residing in the residence halls. The cooperation of everyone is required if summer athletic camps are to be successful, rewarding, and fun for all participants. **Please read** over the rules and regulations with your camper, sign the residence hall rules and regulations agreement, and present the signed agreement at Housing registration.

Thank you for your cooperation. If you have any questions concerning a particular camp, please go to website www.mgoblue.com. Questions concerning housing, should be directed to (734) 763-6584.

Sincerely,

Cheryl Miller
Conference Coordinator
University of Michigan Summer Camps

PLEASE READ AND SIGN BELOW:

We have read the Rules and Regulations governing the behavior of campers in University of Michigan Camp Housing. We understand and agree to abide by them. We understand that failure to abide by these rules and regulations may result in various forms of discipline, up to and including immediate dismissal from the program.

Parent/Guardian Signature *

Print Name

Date

Camper Signature

Print Name

Date

*If a camper, fourteen years of age or younger, is at registration alone, the athletic sport camp coordinator/coach must sign for the camper in place of the Parent or Guardian.

**PLEASE BRING THIS SIGNED FORM WITH YOU FOR YOUR
REGISTRATION AT THE CAMPS OF CHAMPIONS.**

2009 RESIDENCE HALL RULES AND REGULATIONS

Please bring this document to your camp registration with appropriate signatures

CONDUCT

Acts of discrimination or discriminatory harassment based upon an individual's race, sex, color, religion, creed, national origin or ancestry, age, marital status, handicap, Vietnam-era status, or sexual orientation are a serious violation of University policy and will be dealt with promptly. Sexual harassment is illegal under both state and federal law. In some cases, it may be susceptible to prosecution under the criminal sexual conduct law.

Alcoholic beverages, illegal drugs, laser pens, fireworks, explosives, and all weapons are absolutely prohibited in the hall. It is against the law to tamper or misuse building fire alarm or fire-fighting equipment. Tampering with or misuse of elevator alarms, emergency call buttons or calling 911 from a room or elevator telephone, except in an emergency, is against the law. Penalties will be enforced. Each room will be inspected before departure and any damages to the room or to University property will be assessed and charged equally to all persons who occupied the room. The room must be left in the same condition as it was received during move in. Do not fasten anything to the walls or tamper with window screens. Excessive litter will result in a housekeeping charge to each camper assigned to the room.

Appropriate behavior is expected at all times. Excessive noise or rowdiness will not be tolerated. Radios must be turned off at lights-out time and kept low in the morning hours. The use of candles or other open flames, explosives of any type including smoke bombs, "snaps", or fireworks are dangerous and their use or presence in the residence halls is prohibited since they endanger all occupants.

-- SMOKING IN THE BUILDING IS PROHIBITED --

AGE ELIGIBILITY

All campers residing in a University of Michigan residence hall must be ten (10) years of age on or before the start of their camp.
There are no exceptions to this policy.

MEDICATIONS

All medications prescribed by a doctor must be dispensed by the camp specific trainer. Housing staff is not allowed to dispense any medication of any kind.

VISITORS

ALL VISITORS, INCLUDING PARENTS AND COACHES, MUST CHECK-IN FIRST WITH THE FRONT DESK WHEN VISITING A CAMPER. Only campers and camp staff are allowed in the living areas of the building. At no time are campers permitted in the living areas to which they are not assigned. Campers may only be checked out of the residence hall by a parent/guardian or camp staff. *Visitors, other than parents, who may be taking the camper from the residence hall must be approved by the parent/guardian during camp registration.* The release form on the back of the registration card must be filled out with the authorized visitor's name.

HOURS

All campers are to check back in to their residence hall immediately upon completion of evening sessions. Social and recreational activities will be planned in the halls each evening. Full camper participation is expected. The residence hall will be locked all 24 hours of the day, and security will monitor all entrance doors in the evening hours. Entrance to the residence hall will only be granted to campers with a camp identification tag. If there is any question about the identity of any camper, security and/or residence hall staff may request additional identification.

Campers **ARE NOT** to leave the residence hall after they have returned from their final sports camp session, unless they are signed out at the front desk by a parent/guardian or camp counselor. Campers are expected to be on their assigned hall by 10:45p.m.(10:15p.m. on their first and last night), and in their assigned room by 11:15p.m.(lights out). Bed checks are conducted at 11:15p.m. **Campers may not leave their assigned hall after 10:45 p.m.**

KEYS AND MEAL TAGS

A camp identification sleeve will be issued with a room keycard and a lanyard at check-in for purposes of obtaining meals in the residence dining hall. If the key is lost, a new one may be obtained at the front desk. The room keycard and identification tag should not be loaned to anyone and are not transferable.

MEAL TIMES

You may eat at any time during the hours your camp has designated for meals. You must show the dining service staff your identification tag in order to enter the dining area. Meal hours will be posted on the bulletin board adjacent to the dining room, and on the residential hall. Campers are expected to eat all meals in their assigned residence hall.

TELEPHONES

Room telephones may or may not be available in the room. Due to damages, which occur during the summer, not all rooms will have a working telephone. Campers may place collect and credit card calls from their room and receive long distance calls(not collect).

MOTOR VEHICLES

Campers are not to bring private automobiles or motorcycles to the University. If it is necessary for a camper to drive, you must get permission and any parking permits from the coach of that camp. The vehicle must be registered and the keys turned in to the camp coach during the entire program. The University assumes no responsibility for a stored vehicle on University property.

PERSONAL PROPERTY

The University assumes no responsibility for personal property. **Please leave valuable items such as stereos, CD players, video games and cameras at home.** Bring only a small amount of personal expense money with you since the halls do not have any secured storage facilities. Traveler's checks in small denominations are recommended as the safest way to carry money. If camper's parents' personal property insurance policy does not cover personal possessions away from home, the purchase of a short-term rider is suggested.

FOR SECURITY, ROOM DOORS ARE TO BE LOCKED AT ALL TIMES.

DAMAGES

Room checks will be conducted by camp staff to determine room damages. Any damages caused in the rooms or common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property. **If no single party can be identified, the occupants of the room or the entire assigned hall, will be charged accordingly.** Damages may be appealed in writing up to fourteen days after the conclusion of the camp attended. Send appeals to University of Michigan Summer Camps, 627 Oxford Rd., Ann Arbor, MI 48104.

MAIL

Mail will be distributed to camp counselor to give to campers. Mail should be addressed as follows:

Camper's Name
Name of the Camp
University of Michigan Summer Camps
Baits-Parker House Front Desk
1230 Hubbard
Ann Arbor, MI 48109-2082
Phone: 734-764-4153 Fax: 734-647-2574

LINENS & ITEMS TO BRING

Campers are responsible for bringing their own pillow, twin bed sheets, blanket, towels, and toiletries. Other recommended items include an alarm clock, a fan, and hand sanitizer.

EARLY DEPARTURES

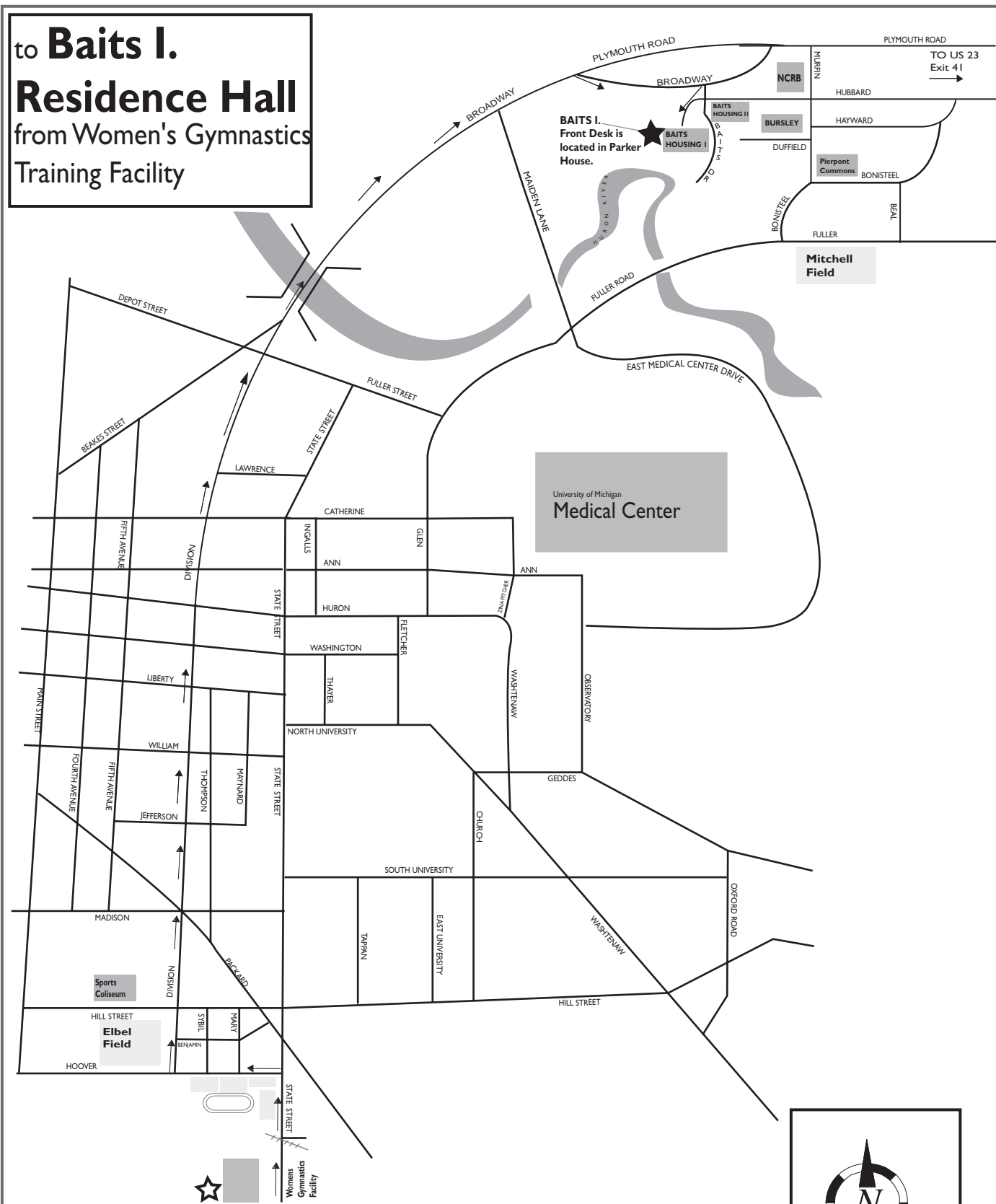
If a camper must leave before the official ending date for the camp, **a parent or guardian must notify the coach, and record the information on the early release form on the back of the registration card.** If the camper is being picked up by someone other than the person designated parent/guardian, written permission naming the responsible adult must be placed on the back of the registration card, during registration, prior to the camper being released. A signed Early Release form from the camp coach must be turned in upon checking out from the resident hall. Identification is required.

PENALTIES

VIOLATION OF ANY OF THESE RULES AND REGULATIONS MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING, IMMEDIATE DISMISSAL FROM THE PROGRAM. At times, a verbal warning may be given to the camper to correct improper behavior. Campers who endanger themselves or others, or who continue to commit violations after having been warned, will be sent home. The parent/guardian will be notified.

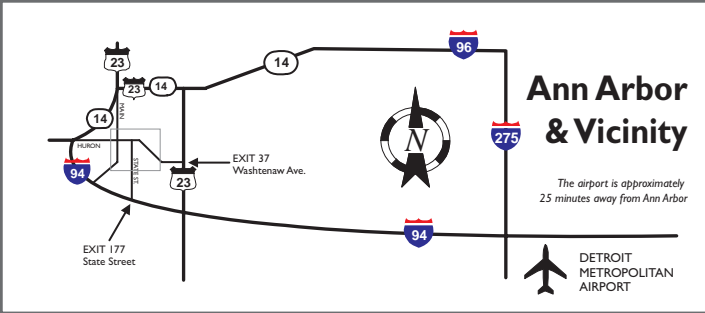
to **Baits I.**
Residence Hall
 from Women's Gymnastics
 Training Facility

BAITS I.
 Front Desk is
 located in Parker
 House.



Indicates directions

Map is not to scale



SKILLS TESTING FORM

This skills testing form will be used on Sunday afternoon during the skills testing session. Please have it filled out accurately and ready to turn in before arriving at gymnastic camp registration. Some of the terminology used on this form may be unfamiliar to parents and young gymnasts. If so, please ask the gymnast's coach to help you with this form. Also, **please mark only in the shaded areas**, as we will need the unshaded areas for the evaluation process (Score, Event Total, and Total Score).

Instructions: Please fill in each shaded area (Please print clearly and only in the shaded areas):

Name: Campers Name

Age: Give the gymnasts age at the start of camp

Competition Level: List the level the camper competed at during the past season. If camper didn't compete, leave it blank.

Club: Club, Gymnastics School, or High School Team the gymnast is associated with.

Under each event (**Vault**, **Bars**, **Beam**, and **Floor**), the skills are listed from easiest at the top, to the most difficult at the bottom. Please circle each number corresponding to the skills the camper can perform safely on their own without any type of spot on a competition landing surface. The campers will need to be prepared to demonstrate to our staff the skills she has indicated she can do. Do not write in the score column or write totals in any of the sections on the form.

The information from this form and the evaluation process will be used to place each gymnast in the most appropriate group based on their demonstrated skill level.

Name:		↓ Circle Below	Score	Age:		↓ Circle Below	Score	Competition Level 2006-2007:		↓ Circle Below	Score	Club:		↓ Circle Below	Score
<u>VAULT</u>		↓		<u>BARS</u>		↓		<u>BEAM</u>		↓		<u>FLOOR</u>		↓	
Run and Jump off Board	1			Swing or Glide	1			Walk on Beam	1			Forward Roll	1		
Straight Jump up to mats	2			Cast to Horizontal	2			½ Turn	2			Handstand	2		
Squat On Vault	3			Back Hip Circle	3			Run on Beam	3			Cartwheel	3		
Handspring (Level 4) to Back on Stack of Mats	4			Glide Kip	4			Leap or Jump	4			Walkover (Front or Back)	4		
Handspring (over vault) to feet	5			Kip Cast above Horizontal	5			Full Turn	5			Back Handspring or FHS	5		
½ On or HS ½ Off	6			Clear Hip above Horizontal	6			Handstand Step Down	6			Round Off BHS	6		
HS Full or ½ On-Full Off	7			Kip Cast Handstand (or Clear Hip Circle to Handstand)	7			Cartwheel	7			R/O BHS Tuck or FHS F Tuck	7		
Tsukahara (Tuck, Pike, Layout)	8			Giant (Front or Back)	8			Walkover (Front or Back)	8			R/O BHS Layout or FHS F LO	8		
HS Front or Yurchenko (w / flip)	9			Giant w/ ½ or Full Turn	9			Handspring (Front or Back)	9			Full Twist (Front or Back)	9		
Twisting Flipping Vault	10			Major Release Skill (D+)	10			Acro Series (BHS-BHS+)	10			Double Back	10		
Vault Total:				Bars Total:				Beam Total:				Floor Total:			

Total Score:

RESIDENT CHECK-OUT FORM

***This form is only necessary if your camper will be leaving for a period of time before the end of camp**

Instructions: Please write your campers name on the line below and check the session they are attending. After that place a check mark in the box that indicates if you will be the only one with permission to pick up your camper, or check the other box indicating that others are allowed to pick up your camper. If you check the box indicating that others may pick up your camper, please list all those whom we have permission to release your camper to, and their relationship. If you know in advance of instances when your camper will be leaving camp, please notify us ahead of time. And also please notify us when you return your camper to our care.

CAMPER NAME: _____

SESSION: **1** **2**

Parent/Guardian only allowed to pick up camper.

Others have my permission to pick up camper.

List others (Please Print):

Relationship

1. _____

2. _____

3. _____

Date and time of check-out / return

Leave: _____

Return: _____

Leave: _____

Return: _____

I hereby give the person(s) named above permission to checkout my child from the University of Michigan Women's Gymnastics Summer Camp.

Parent/Guardian Signature: _____

Date: _____

***Please note that every camper MUST be signed out with our staff each time they leave.**