

Camper's Name: _____
 Last First Middle Nickname Male Female

Street Address or Box Number City, State, Zip Home Telephone

_____/_____/_____

Camper's Birthdate Age the first camp day (Must be at least 8) Parent Email - Please print clearly

Dr. Mrs. Ms. _____

Circle One Mother's First Name Last Work Telephone Cell Telephone

Dr. Mr. _____

Circle One Father's First Name Last Work Telephone Cell Telephone

I heard about USGTC from: Internet____ My Gym____ A Friend____ Meet____ Send Me____ Brochures____

My Gym Club_____Town_____State_____ This will be my _____year at USGTC

Session Information - ✓ Choose your Session

Resident Campers

	Session	Tuition
_____	Session One 7/15 - 7/21	\$1,405.00
_____	Session Two 7/22 - 7/28	\$1,405.00
_____	Both Sessions 7/15 - 7/28	\$2,872.00*

Day Campers

	Session	Tuition
_____	Session One 7/15 - 7/20	\$820.00
_____	Session Two 7/22 - 7/27	\$820.00
_____	Both Sessions 7/15 - 7/27	\$1,640.00

*Weekend fee is included for resident campers who attend both weeks

A Deposit of \$250 for each session must accompany this application. Final balance is due April 30. All discounts will be deducted from your final payment. A \$40 discount is given for a 2nd camper in a family. We accept personal checks until May 15, after this date we only accept money orders, bank checks. Returned check fee is \$35.00.

We do not accept credit cards for deposits or session fee's.

All checks payable to: USGTC and send to our national office: P.O. Box 4088, Tequesta, FL, 33469.

ROOMMATE POLICIES - "Meeting new friends is an important part of the USGTC experience"

We accommodate 2 or 3 campers per room. Younger campers age 8 and 9 must live on a youth floor. Older campers can live with a younger camper but must be on the youth floor with no more than a two-year age difference.

Teams: We do our best to place teammates(age appropriate) on the same floor and /or Dorm We cannot guarantee all requests. We accept individuals, groups and teams.

Please room my child with (1) _____ Age _____ (2) _____ Age _____

Please call us if you have questions about our policies (561) 743-8550.

REFUND POLICIES

- All refund requests must be mailed and/or e-mailed to USGTC.
- Written notice of cancellation is needed by April 30. You will be refunded your deposit less \$75.00 processing fee.
- After April 30, registration deposit fee is not refundable or transferable; this includes cancellation for **medical or athletic injuries.**
- Written cancellation postmarked 30 days prior to 1st camp day; you will receive session fee less the deposit.
- Cancellation within 30 days of first camp day - No refunds
- No refunds will be made to campers who withdraw at any time after arriving at camp.
- A child is subject to leaving camp, if their conduct adversely affects USGTC, or other campers. No refunds given

Camp Tuition Insurance

Many times the fun and excitement of camp is interrupted by unfortunate circumstances such as a family emergency or sickness, bags are lost or stolen or you may need to cancel due to other unforeseen circumstances.

Please visit <https://www.aplusplans.com/consumer/portal/usgy11> to review coverages and purchase online.

Certain benefits are only available if payment for these Plans are received by A+ Program Protection with or before your final payment for your program.

If you have questions or want to purchase coverage by phone, please call the Customer Service Specialists at A+ Program Protection at 1-888-420-5378 the code you will need to provide for US Gymnastics is USGY11 and refer to A+ Program Protection plan #'s F550 and F550C.

Thank you for Registering and agreeing 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 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 risk of injury, 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.

PARENT/GUARDIAN SIGNATURE REQUIRED

Parent/Guardian Signature _____ Print Name _____ Date _____