

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 we will be taking the campers swimming so please be sure they have a swimsuit, towel, sunscreen, etc. for that day.
- ❑ 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 you ordered 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.

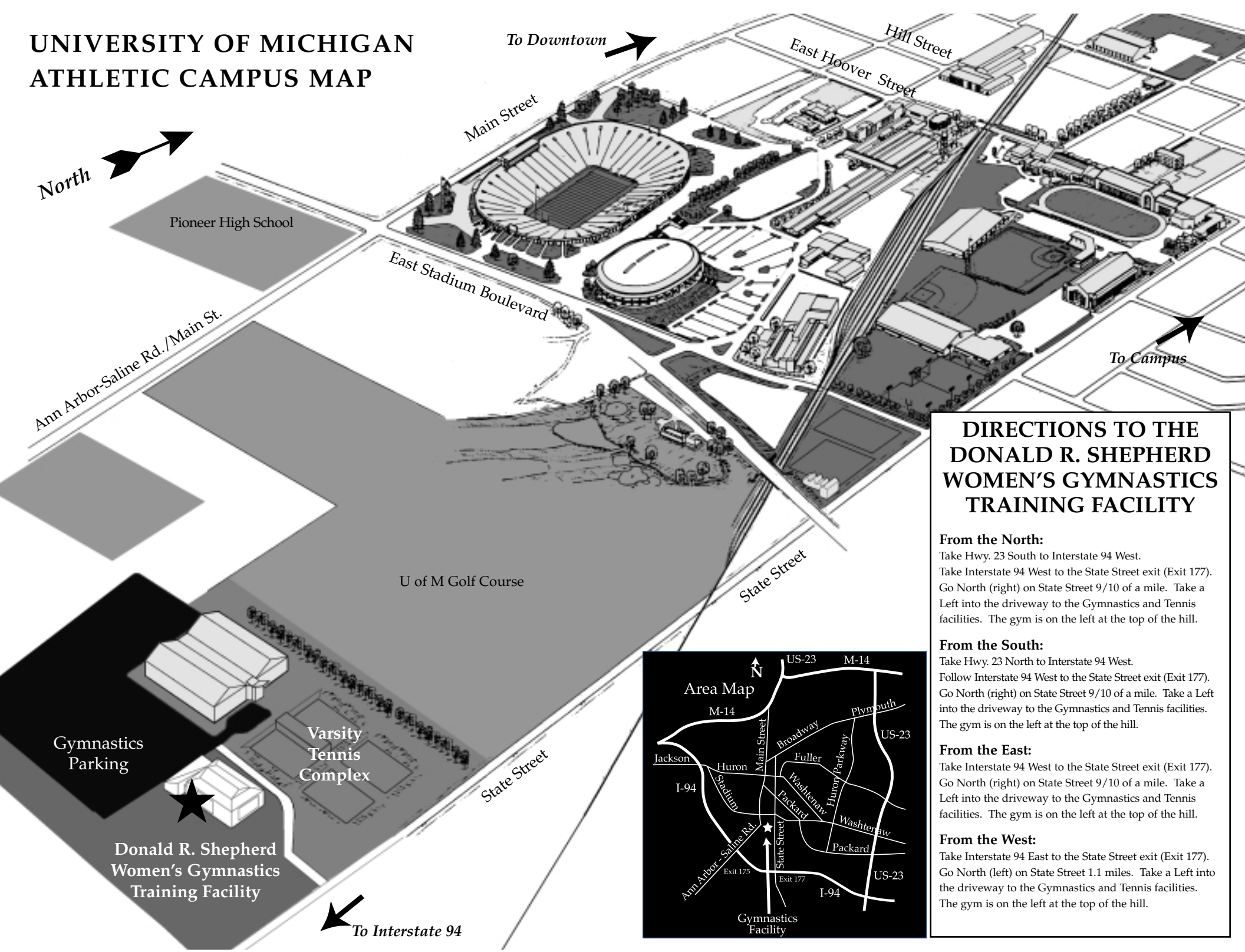
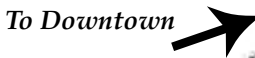
General Information: This station will have maps and directions to Baits Residence Hall for resident campers, and will be able to answer any other questions you may have regarding camp.

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	

UNIVERSITY OF MICHIGAN ATHLETIC CAMPUS MAP



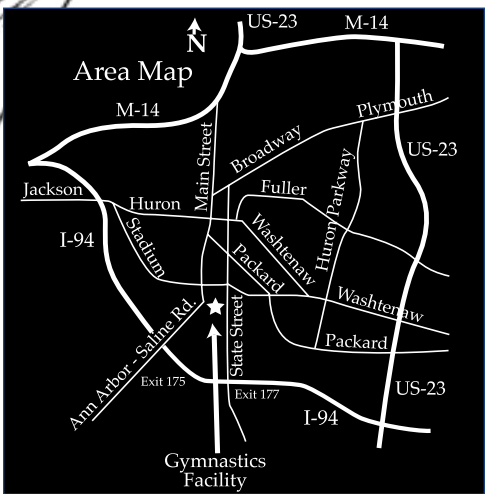
DIRECTIONS TO THE DONALD R. SHEPHERD WOMEN'S GYMNASTICS TRAINING FACILITY

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.



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 _____

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.	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:

COMMUTER CHECK-OUT FORM

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. Please remember to check out your camper at the end of each day. We appreciate your patience and will attempt to make the process as efficient as possible.

CAMPER NAME: _____

WEEK: **1** **2**

Parent/Guardian only allowed to pick up camper.

Others have my permission to pick up camper.

<u>List others (Please Print):</u>	<u>Relationship</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I hereby give the person(s) named above permission to check-out 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 day when they leave.**