

2020 APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

DOB: _____ T-SHIRT: _____

CAMP CHOICE (CIRCLE ONE)

CAMP 1: JUNE 14-18 - ALL AGES

CAMP 2: JULY 12-16 - H.S. (13-18)

CAMP 3: JULY 19-23 - ALL AGES

CIRCLE ONE - RESIDENTIAL - \$495
COMMUTER - \$350

ROOMMATE: _____
(BOTH CAMPERS MUST REQUEST EACH OTHER)

PAYMENT INFORMATION

CIRCLE ONE: CASH CHECK

TO PAY BY CREDIT CARD GO TO:
GUSTIEGYMNASTICSCAMPS.COM

MAIL TO: GUSTAVUS GYMNASTICS
800 W. COLLEGE AVE
ST. PETER, MN 56082

CAMP LEOTARD - \$40

SIZE: _____

REGISTER BY APRIL 1 TO GUARANTEE
LEOTARD, IF DESIRED

REGISTER BY MAY 26TH TO GUARANTEE
T-SHIRT (INCLUDED IN COST)

CAMP SCHEDULE

SUNDAY
2:00-3:30 CHECK IN
4:00-7:00 PRACTICE
DINNER IN THE MIDDLE

MONDAY-WEDNESDAY
7:30 BREAKFAST
9:00-12:00 PRACTICE
LUNCH BREAK
1:30-4:30 PRACTICE
4:30-5:30 OPEN GYM
7:30 EVENING ACTIVITY

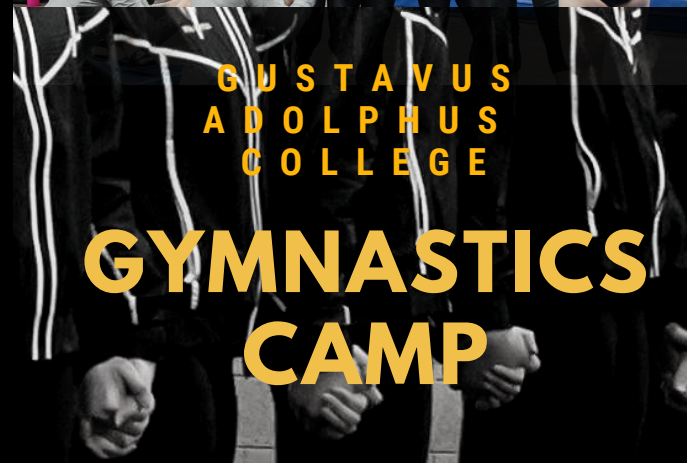
THURSDAY
7:30 BREAKFAST
9:00-11:00 PRACTICE
11:00-12:00 OPEN GYM (OPEN TO
PARENTS)
12:00 CAMPERS RELEASED TO PARENTS

EVENING ACTIVITIES
SCAVENGER HUNT, BONFIRE, FREE SWIM,
ETC.

MEALS
THE GUSTAVUS
DINING SERVICE WILL PREPARE ALL
MEALS AND BE SERVED IN THE EVELYN
YOUNG DINING CENTER. PLEASE
CONTACT US REGARDING ANY DIETARY
NEEDS OR RESTRICTIONS.

INCLUDED MEALS
SUNDAY: DINNER
MON-WED: BREAKFAST, LUNCH, DINNER
THURSDAY: BREAKFAST

DAY CAMPERS WILL RECEIVE LUNCH M-W



SUMMER 2020 DATES
JUNE 14-18
JULY 12-16
JULY 19-23



HEAD COACH AND CAMP DIRECTOR ARYN DEGROOD

CAMP PHILOSOPHY

The Gustavus Gymnastics Camp is designed for the beginner to elite gymnast. Our goal is to prepare out campers for competition through teaching proper techniques, technical instruction and fostering new skill development in a fun positive atmosphere. Exploring new skills and progressions as well as broadening and improving existing ones will be at the core of the camp curriculum. Our coaching staff is comprised of the area's finest coaches and student-athletes who will provide outstanding instruction to gymnasts of every performance level.

Coach DeGrood is in her 6th year at the helm of the Gustavus Gymnastics Program. A 2009 alum, DeGrood has coached the team to own 9 of the top 10 team scores, a National Champion, 11 All-Americans, 2 WCGA Region Athletes of the Year and was the WIAC Coach of the Year in 2017

FACILITIES AND EQUIPEMNT

7000square feet with 18 foot ceiling;
2000 square foot spring floor. The facility features a six foot deep safety pit for learning and refining new skills. We also added a TumbITrak in 2018.



2020 Gustavus Gymnastics Team Members
comprise the coaching staff

CANCELLATION: BY MAY 15TH FOR THE JUNE CAMP AND JULY 1 FOR THE JULY CAMPS WILL RECIEVE A FULL REFUND. AFTER THOSE DATES, A \$100 ADMINISTRATIVE FEE WILL BE CHARGE.

REFUNDS: IF YOUR CAMPER NEEDS TO LEAVE CAMP DUE TO INJURY OR ILLNESS, A REFUND MAY BE GIVEN AT THE DISCRETION OF THE CAMP DIRECTOR. REFUNDS WILL NOT BE GIVEN FOR HOMESICKNESS.

Insurance Disclaimer

I, the undersigned, hereby certify that I am at least 18 years of age or if under 18, a parent or legal guardian of the applicant. I hereby grant permission to the applicant to attend the Gustavus Gymnastics Camp and to be treated by a licensed physician or member of the schools training staff in the event of any injury, accident, or illness during the camp. The undersigned applicant (parent/guardian if under 18 years of age) understands that they will be engaging in physical activity during camp that contains inherent risk of physical injury. I, the undersigned, for myself, my heirs, executors, and administrators, waive, release, and forever discharge Gustavus Adolphus College and Gustavus Gymnastics and its staff, officers, agents, employees, representatives, successors, and assigns from any and all liability, claims, demands, actions, and causes of action whatsoever rising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in camp activities while at camp.

Parent/Guardian Signature

Date

Emergency Contact

Emergency
Phone Number

Medical Conditions/Allergies

**Please provide a copy of your
child's insurance information**