

# HEADSTART COMPULSORY CAMP 2008



PLANET GYMNASTICS  
MOBILE, AL



June 8-12, 2008  
Girls levels 1-6

## ARE YOU READY FOR THE NEW SEASON?

- ✓ New routines
- ✓ Practice meet
- ✓ Tips from judges
- ✓ New skill stations
- ✓ Fun recreation
- ✓ Leadership course
- ✓ Awards ceremony
- ✓ Camp booklet
- ✓ Arts & crafts
- ✓ Inflatable
- ✓ Trampolines
- ✓ Lock-in with big screen movie

When you sign up, we will send you a confirmation package with full information. You can call us with questions at 251-650-0699.



## Tentative Schedule

Commuter campers finish at 7pm Sunday,  
3.30pm Mon-Wed, 12pm Thursday

Sun 8	4pm	Registration
	4-7	Start new routines
	7pm	Residents check -in
	8pm	Bbq/Pool Party for residents (fee for commuters)
	9pm	In rooms at hotel
Mon 9	9am	Practice routines
	1pm	Lunch
	1.30	Challenge games
	1.45	New skills & drills
	3.30	Finish
	4pm	Activities & dinner
	9pm	In rooms at hotel
Tue 10	9am	Practice routines
	1pm	Lunch
	1.30	Challenge games
	1.45	New skills & drills
	3.30	Finish
	4pm	Activities & dinner
	9pm	In rooms at hotel
Wed 11	9am	Practice routines
	1pm	Lunch
	1.30	Challenge games
	1.45	New skills & drills
	3.30	Finish
	4pm	Begin lock-in
Thu 12	9am	Practice meet
	11am	Awards
	12pm	Home ☺

The gym: 15,000 sq. ft. air-conditioned, 2 full floor exercise areas, 5 sets of bars & 9 balance beams, 4 in-ground trampolines, 100 ft. trampoline tumble track, foam Pits and Inflatables!

Snacks and lunch provided. Residential campers receive all snacks and meals, hotel, lock-in, and evening activities.

## Master Staff includes:

**Deb Walls**

*Alabama State Director*

**Vladimir Novikov**

*Olympic and World Gold Medalist*

Planet Gymnastics  
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Registration Form for Headstart Compulsory Camp 2008

Name of camper \_\_\_\_\_ Age & Birthday \_\_\_\_\_

Address \_\_\_\_\_

Parents name \_\_\_\_\_ Phone numbers (incl. cell) \_\_\_\_\_

Parents name \_\_\_\_\_ Phone numbers (incl. cell) \_\_\_\_\_

Medical conditions/allergies/medication details \_\_\_\_\_

Can we give children's Advil or Tylenol? \_\_\_\_\_

I hereby authorize the staff at Head Start Compulsory Camp to act on my behalf, in their best judgment, in any emergency requiring medical attention, and I hereby waive all staff from liability for any injuries or illnesses incurred at this camp. Initial \_\_\_\_\_

Gym \_\_\_\_\_ Level - Girls USA level \_\_\_\_\_ Email \_\_\_\_\_

Commuter (\$350) \_\_\_\_\_ or Residential (\$490) \_\_\_\_\_ Lock-in on Wednesday night 4pm-8am (\$20) \_\_\_\_\_ (free for residential campers)

Camp leotard (\$40)- size \_\_\_\_\_ Camp shirt (\$12)- size \_\_\_\_\_ Deadline to order: May 13
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Deposit \$100 due April 15, 2008. Late fee after April 30 is \$30. Cancellation fee \$30. No refund after June 1.

By signing the liability waiver , you authorize Planet Gymnastics Inc. to act on your behalf in any medical emergency.

WARNING!!!

In consideration for the use of services, facilities, or equipment provided by Planet Gymnastics, the participant hereby releases Planet Gymnastics Inc., its subsidiaries, affiliates, partners, officers, directors, employees, agents and volunteers (and each of their respective heirs, assigns, and legal representatives), on behalf of the participant or his or her heirs, assigns, and legal representatives, from any and all liability for negligence, bodily injuries, death or property damage to participant, arising out of participant's use of, or presence upon property, or services of Planet Gymnastics Inc.

The participant at Planet Gymnastics understands, acknowledges, and agrees that acrobatics, gymnastics, tumbling and trampoline are dangerous activities, and those activities can result in injury to the person or damage to the property or to third parties, and the participant is fully aware of the risks inherent in engaging in or observing any activity at or provided by Planet Gymnastics, no matter how careful the participants and staff, no matter what safety equipment is worn, the risk cannot be eliminated. Risk can be reduced by never eliminated.

The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks include catastrophic injuries such as permanent paralysis or death. These can occur from landings or falls on the back, neck, or head and other such occurrences. The participant may suffer such injuries while merely observing or being in the proximity to our activities as other participants may collide, land, or fall upon you. The participant is aware of the conditions of the facilities and that conditions may become more dangerous during the time the participant is using the premises. The participant voluntarily assumes all risk of loss, damage, or injury while on the premises. The participant acknowledges that there are various degrees of skill and experience required for the different activities and the participant will abide by the rules for the use of the various activities, including wearing all of the protective gear and equipment that is required for participation and will follow instructions of staff members. Failure to follow rules and instructions from staff may result in termination of participation in activities without refund.

The participant agrees to indemnify Planet Gymnastics Inc. against, and save it harmless from, any and all damages, actions, claims, judgments, costs of litigation and attorney fees which may result from the participants use of or presence upon the property or facilities or services of Planet Gymnastics, including damage to the equipment of Planet Gymnastics, or lessor's property.

I hereby authorize Planet Gymnastics to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the participant or participant's family. I certify to Planet Gymnastics Inc. that I have no physical condition or mental impairment that would be affected by participation in activities of Planet Gymnastics. I permit Planet Gymnastics to use any photographs, videotapes, motion picture recordings, or any other record taken while I am on the premises of Planet Gymnastics, or engaged in any activity or event sponsored, promoted, or organized by Planet Gymnastics for publicity, advertising, or any legitimate purpose.

By signing this waiver and assumption of risk and release, I acknowledge that I have read the above release and fully understand its contents. I agree to be bound by the terms of the release and understand that any and all risks, whether known or unknown, are expressly waived in advance. I certify that the participant is covered by insurance to cover any injury or damages I may suffer or cause, or else I agree to bear the costs for such injury or damage to myself or others.

PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 19.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Print name of parent/legal guardian \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE:

Payment - Amount \_\_\_\_\_ Type incl. check # \_\_\_\_\_ Front desk - Initial & date \_\_\_\_\_
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