



# Blue Angels

## GYMNASTICS CLUB



20256 West Mill Road Galesville, WI 54630  
(608)582-FLIP(3547)

<http://www.blueangelsgymnastics.org>  
[bagcbohn@centurytel.net](mailto:bagcbohn@centurytel.net)

## 2011 ADVANCED CAMP

### for Levels 5 and Above & High School Gymnasts

- Spend time in the Coulee Region's Top Gymnastics Facility!
- Air conditioned, training pits, 7 beam station, 4 bar station area & tons of training equipment.

**Dates: Monday June 13th – Thursday June 16th, 2011, 9am- 4pm**  
**Cost: \$170.00 per gymnast received by May 20th; \$190 after May 20th**

(Camp fee includes camp T-shirt)

Non-refundable \$50 deposit due at registration time, remainder due June 7<sup>th</sup>.

**Gymnasts bring their own athletic tape, snack, lunch and beverages.**

Remember to Bring: Positive Attitude, leotards, shorts, laughs,  
patience, tape, smiles, grips, & cameras! ☺

### Schedule Monday – Thursday:

8:30-9:00 Gym Opens	9:00 – 11:30 sessions 1-2-3
11:30-12:30 lunch and rest break	12:30 – 2:20 Sessions 4 & 5
2:30-4:00 Open Gym (Gymnast choice with coach support at all equipment)	

**Parents are invited to watch during the open gym session daily.**



Cut here and return with deposit. All registration taken on a first come, first served basis.  
There are a limit number of spaces.



Gymnasts Name \_\_\_\_\_ Parent(s): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone (day) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Problems/Medication: \_\_\_\_\_

T-Shirt Size: Child Small/ Medium/ Large/      Adult Small/ Medium/ Large

I fully understand that gymnastics activity may be dangerous and that the gymnast is exposed to the risk of injury. I hereby give permission for my daughter/son listed above to participate in the program and activities at the Blue Angels Gymnastics Club and release the Club and Coaches from any liability resulting from participation. Blue Angels Gymnastics Club may use images of my daughter/son listed above in promotional materials for the club.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Camp Payment Received \_\_\_\_\_ Check # \_\_\_\_\_ Staff Initials \_\_\_\_\_