

# Gymnastics

## 2019 DATES

**June 16-17**

Spartan Gymnastics  
Camp Week 1

**June 20-22**

Spartan Gymnastics  
Camp Week 2

*Spartan Gymnastics  
Camp Week 1*

*June 16-17*

*Ages 8-18*

*Spartan Gymnastics  
Camp Week 2*

*June 20-22*

*Ages 8-18*

### CAMP FEATURES

- Progression and skill instruction on vault, bars, beam and tumbling
- Group dance sessions
- Conditioning
- Flexibility
- Trampoline and/or tumble track
- Camp ratio 1:8 or less

## Girl's Commuter Camps

Directed by MSU Head Coach Mike Rowe and Associate Head Coach Nicole Curler and other prominent coaches from across the country. The Spartan gymnastics team will be your junior counselors for this year's camp. Call 517-355-4708 with questions.

---

**Check-in:** 9:00 a.m.  
Jennison Fieldhouse

---

**Check-out:** 4:00 p.m.

**Camp fees:** Commuter Camp                      \$375.00  
(bring lunch)

---



---

**Check-in:** 9:00 a.m.  
Jennison Fieldhouse

---

**Check-out:** 4:00 p.m.

**Camp fees:** Commuter Camp                      \$375.00  
(bring lunch)

---

\*\$25 discount if you enroll BEFORE May 1st. Camps can be pro-rated to \$125.00/day. Campers wishing to enroll for the pro-rated camps will have to mail or fax in their application with payment and indicate which days they will be attending.

*This Summer We  
Train Like Spartans!*

#### Sport Specific Equipment To Bring To Camp

- Leotards
- Grips (if you wear)
- Water bottle

## 2019 DATES

**June 16-17**

Spartan Gymnastics  
Camp Week 1

**June 20-22**

Spartan Gymnastics  
Camp Week 2

### CONTACT INFORMATION

Sports specific  
questions contact:

**517-355-4708**

General, Registration and  
Roommate questions:

[www.sportcamps.msu.edu](http://www.sportcamps.msu.edu)

## Girl's Commuter Camps

*Ages 8-18 years old*

### CAMP INFORMATION

#### *Refund Policy*

Campers unable to attend camp are entitled to a refund. A \$55 administrative fee (only \$30 if you enrolled online) will be deducted from all refunds, **regardless of the reason**. Refund requests must be submitted in writing PRIOR to the first day of the camp session in which the camper was originally enrolled. **No refunds for any reason (i.e. injury, illness) will be given once a camper is on campus.**

fax: 517-355-6891 email: [msucamps@msu.edu](mailto:msucamps@msu.edu)

#### *Check-In/Check-Out*

Time and location of check-in/check-out will be printed on your receipt and sent to you at time of payment.

#### *Medical Policy*

Each participant should have his or her own medical insurance. A student trainer will always be available. Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.

#### *Meals*

Breakfast 7:00 a.m. – 8:30. a.m.

Lunch 11:30 a.m. – 1:30 p.m.

Dinner 4:00 p.m. – 6:30 p.m.

### REGISTRATION INFORMATION

Register online at [www.sportcamps.msu.edu](http://www.sportcamps.msu.edu) or complete the attached application. **Full payment by either check, MasterCard, VISA, Discover or American Express must accompany the application.** Make checks payable to Michigan State University. No applications will be accepted before February 1st. You will receive confirmation for receipt of enrollment by mail within 12-15 business days.

#### *MSU Sport Camp Policy*

Persons enrolled in MSU Sport Camps will be required to attend all sessions and to comply with the rules and regulations of Michigan State University governing the conduct of all students on the campus.

### IMPORTANT PARKING INFORMATION

Parking on campus before, during and after camp check-in is NOT complimentary Monday thru Friday. Please visit [www.police.msu.edu](http://www.police.msu.edu) for campus maps, parking rates Monday thru Friday and visitor parking pass options. Lot 79 (South end of the Football Stadium), 62W (IM West), 63W (Breslin Center) and 67 (Jenison Fieldhouse) are **COMPLIMENTARY ON SATURDAY AND SUNDAY ONLY, weekday rates will apply.** It is recommended that when checking in or out of camp at Munn Ice Arena, Skandalaris or Duffy Football building you park in Lot 79 (Stadium) or Lot 15 (off Kalamazoo St). If

you are checking in or out of an overnight camp it is recommended that you walk to your residence hall from one of these lots as parking at the residence halls is very limited and heavily monitored by MSU parking enforcement. If your camp check in or out is at Jenison Fieldhouse, McLane Stadium, Secchia Stadium or DeMartin Stadium Monday thru Friday, it is recommended that you park in Lot 62W (IM West) or the Kellogg Center parking ramp off Harrison Road and walk to your camp check in or check out. Lot 67 (Jenison Fieldhouse) is for **staff only MONDAY thru FRIDAY** with

a limited number of metered spots and you will be ticketed if you do not have a staff permit or park in a metered spot. If your camp check in or check out is at IM West, please park in Lot 62W (IM West). Parking in Lot 62W (IM West) on Saturday and Sunday is complimentary, weekday rates will apply. Please note that the camp office has no authority over parking for camps and therefore cannot assist you with any parking issues or tickets you may receive. Parking is enforced by the MSU Police Department.

MSU Sport Camps are open to any and all entrants (limited only by number, age and grade level).



# The Gymnastics Camp Application

## REGISTER AT WWW.SPORTCAMPS.MSU.EDU

**PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Grade in September: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Roommate preference: \_\_\_\_\_

Youth Shirt Size:  Small  Medium  Large

Adult Shirt Size:  Small  Medium  Large  X-Large

Please circle level of Gymnastics:

RECREATIONAL    COMPETITIVE    Level: \_\_\_\_\_

**Please enroll me in the following Gymnastics camp:**

Camp Date	Commuter
-----------	----------

June 16-17 (Week 1)	<input type="checkbox"/> \$375.00
---------------------	-----------------------------------

June 20-22 (Week 2)	<input type="checkbox"/> \$375.00
---------------------	-----------------------------------

Pro-Rated \$125.00 /day x \_\_\_\_\_ days.

I will attend the following dates \_\_\_\_\_.

### U.S. FUNDS ONLY.

**Please make checks payable to  
MICHIGAN STATE UNIVERSITY**

#### Check one:

Check     Mastercard     VISA     Discover     American Express

Card Number \_\_\_\_\_

3 digit security code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Amount of Check/Charge enclosed \_\_\_\_\_

## Medical Treatment Authorization Form

Participant's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

What Sport: **Gymnastics**

Date of Camp: \_\_\_\_\_

Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):

\_\_\_\_\_

\_\_\_\_\_

2. List any medications currently taking:

\_\_\_\_\_

\_\_\_\_\_

3. List any allergies:

\_\_\_\_\_

\_\_\_\_\_

### In case of emergency please contact:

Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

### Insurance Information:

Name of Medical Insurance Company \_\_\_\_\_ Insurance Company Telephone \_\_\_\_\_

Name of Insurance Policy Holder \_\_\_\_\_ Policy Holder DOB \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_ Medical Insurance Group# (if appl) \_\_\_\_\_

\_\_\_\_\_, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/ or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Send Application and Medical Treatment Form with payment in full to:

**MICHIGAN STATE UNIVERSITY**  
Sports Camp Office  
535 Chestnut Rd, W239  
Spartan Way, East Lansing, MI 48824  
Fax: 517-355-6891

## Pick-up, Drop-off, and Commuter Permission Form

This form must be completed prior to the start of the MSU youth program by the parent/guardian listed as the youth participant's emergency contact for the following instances:

- The participant's parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion
- The participant's parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.)
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's drop-off process
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's pick-up process
- The participant's parents/guardians authorize the participant to commute independently to and from the specified youth program

**PARTICIPANT'S NAME:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

## Permission for Early/Alternative Release

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, grant permission to the Michigan State University Youth Program faculty/ staff/ volunteers to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the MSU Youth Program.

First Name	Last Name	Relationship to Participant	Phone Number	Date/Time of Release	Date/Time of Return

## Permission for Youth Participant to Commute Independently

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, permit the youth program participant to commute independently to and from the specified youth program.

## Authorization Signature

By signing below, I acknowledge that MSU will not be responsible for the participant after the participant is excused in the one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date of Signature:** \_\_\_\_\_

**Parent/Guardian Work Phone:** \_\_\_\_\_ **Parent/Guardian Cell Phone:** \_\_\_\_\_

**Parent/Guardian E-mail:** \_\_\_\_\_

## Parent/Guardian Consent Form

I grant permission for **(Print Participant's Name)** \_\_\_\_\_  
to participate in all educational, physical and social activities of the following MSU Sport Camp **(Please write in Sport and  
Camp Date of camp)** \_\_\_\_\_.

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks. I also understand that my child has occupied a camp spot and therefore, once camp has begun there will be no refunds for any reason, including injury or illness.

I have read the session descriptions and approve of my child's selections. I accept any risks associates with the assigned sessions and selected recreational activities.

I understand that my child has a role to play in regards to his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

**(PLEASE PRINT)**

**Parent or Legal Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

### DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON”**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

---

STUDENT-ATHLETE NAME PRINTED

---

STUDENT-ATHLETE NAME SIGNED

---

DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)



HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).