Camper Information
National Gymnastics Training Camp
Please return to camp four weeks before your arrival at camp

Camper's Full Name: _____ Likes to be called? _____

Attending: Session 1 ☐ Session 2 ☐

Age: __ Birthday at camp? Yes ☐ No ☐ Grade entering in school ___Team Name_____

Coach's name _____ phone _____e-mail_____

Returning camper? Yes ☐ No ☐ If yes, how many summers _____

Attended another camp before? Yes ☐ No ☐ If yes: Day Camp ☐ Overnight Camp ☐

Dates and Notes: _____

Favorite activities? 1._____ 2._____ 3._____

Can your child swim? Yes ☐ No ☐ Taken lessons before? Yes ☐ No ☐

If yes, what level have they attained (ARC, YMCA or camp level)?_____

Are there any dietary restrictions/concerns/allergies? Yes ☐ No ☐

Notes: _____

Does your child wet the bed? Yes ☐ No ☐ Nightly ☐ Weekly ☐ Occasionally ☐

Notes: _____

Do you anticipate any difficulties with any aspect of camp or activities? Yes ☐ No ☐

Notes: _____

_____

Do you feel your child makes friends easily? Yes ☐ No ☐

Notes: _____

Do you have any hopes or goals for camp? Yes ☐ No ☐

Notes: _____

_____

Any siblings attending camp? Yes ☐ No ☐ Same session? Yes ☐ No ☐

Name & Age	What Session/Program?
1. _____	_____
2. _____	_____

Any Teammates Attending Gymnastics Camp? Yes ☐ No ☐ Same session? Yes ☐ No ☐

Names:_____