

STAFF BIO'S (TEAM CAMP)

BLAINE WILSON
2009 Asst Coach The Ohio State University
2004 Olympic Silver Medal
2004, 2000, 1996 Olympian
5-Time National Champion



CHELSE MEMMEL*
2008 Olympic Silver Medalist
2005 All-Around World Champion

DERON MCINTYRE
Head Boys Coach Integrity
Student Assistant Coach The Ohio State University

NATALIA LASCHENOVA
Head Girls coach Integrity
1988 USSR Olympian
18yrs coaching experience

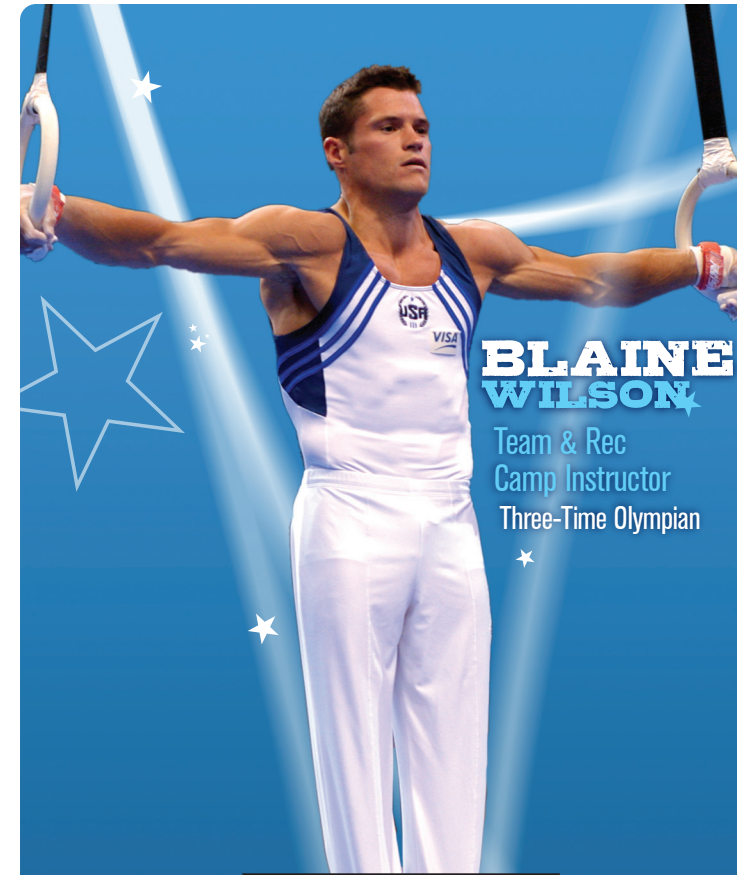
JOHN MENDICINO
Rec-gym Director Integrity
30yrs coaching experience
NJCAA National Champion

ALIANE BAQUEROT-WILSON
1996 Olympian, Rhythmic
National Choreographer

OTHER STAFF
Current or former Collegiate athletes and
qualified gymnastic coaches.
All staff have been background screened.

*CHELSIE MEMMEL AT TEAM CAMP ONLY

8185 Business Way
Plain City, Ohio 43064

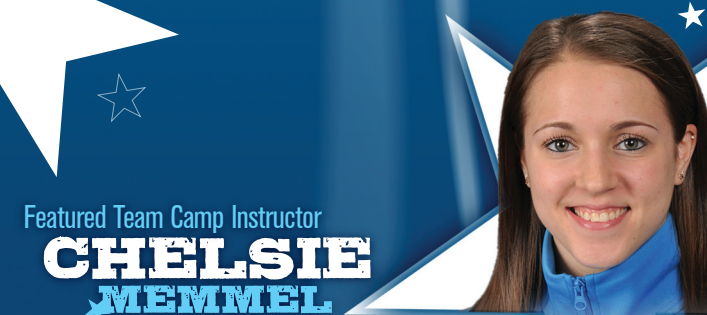


BLAINE WILSON
Team & Rec
Camp Instructor
Three-Time Olympian



SUMMER CAMPS SCHEDULE

PRESCHOOL * TEAM * RECREATIONAL



Featured Team Camp Instructor
CHELSE MEMMEL
2008 Olympic Silver Medalist
2005 All-Around World Champion

COACH'S BIO'S (PRESCHOOL CAMPS)

AMY LEWIS
Preschool Director Integrity
20 yrs coaching experience
Elementary education degree-
The Ohio State University

OTHER STAFF
Integrity preschool staff
Collegiate or former collegiate athletes
Integrity gymnastics instructors

Integrity preschool camp honors a 1 to 10
camper staff ratio.

Many nationwide studies prove that getting preschool
age children involved in athletic exercises not only
gives them a head start in athletics, but more
importantly in the classroom.
Parent Consent and Waiver of Responsibility



PRE-SCHOOL CAMPS

SIGN UP FEE	
One Camp	\$90
Two Camps	\$160
Three Camps	\$225.00

CAMP DIRECTOR
Amy Lewis

DATES
June 22 - 24
July 13 -15
August 3 - 5

TIME
9 am - 1 pm

CAMPS INCLUDE
Tumbling
gymnastics
Arts and Crafts
Outside activities
Movie time



REC CAMP

REC Camp	June 25 - June 28	
Check-in	June 25	5:30 pm
Skills Grouping	June 25	6 pm - 8 pm

Girls	June 26 - 28	
9 am - 12 pm	Girls (3 rotations)	
12 pm - 1 pm	Lunch	
12 pm - 3 pm	Girls (3 rotations)	
Open viewing	June 28	12 pm - 3 pm**

Boys	June 26 - 28	
9 am - 12 pm	Boys (4 rotations)	
12 pm - 1 pm	Lunch	
1 pm - 3 pm	Boys (2 rotations)	
Open viewing	June 28	12 pm - 3 pm**



TEAM CAMP

Team Camp	June 18 - June 21	
Check-in (Boys & Girls)	June 18th	5:30 pm
Skills Grouping	June 18	6 pm

Girls	June 19 - 21	
9 am - 11 am	Girls (3 rotations)	
12 pm - 1 pm	Lunch	
12 pm - 3 pm	Girls (3 rotations)	
Open viewing	June 21	12 pm - 3 pm**

Boys	June 19 - 21	
9 am - 12 pm	Boys (4 rotations)	
12 pm - 1 pm	Lunch	
1 pm - 3 pm	Boys (2 rotations)	
Open viewing	June 21	12 pm - 3 pm**



REGISTRATION INFORMATION

CAMP DATES (please check)

<input type="checkbox"/>	Team Camp, Integrity Team	\$295
<input type="checkbox"/>	Team Camp, Non-Integrity Team	\$350
<input type="checkbox"/>	Rec Camp, Enrolled	\$295
<input type="checkbox"/>	Rec Camp, Non-Enrolled	\$350

Name: _____
 Parent: _____
 Email: _____
 Address: _____
 Phone: _____
 Age: _____ DOB: ____ / ____ / ____
 Insurance card#: _____
 Insurance Co.: _____
 Family Doctor #: _____

T-shirt size: (circle) YS YM S M L XL

PRE-SCHOOL CAMP DATES: (x dates attending)

June 22 - 24 July 13 - 15 August 3 - 5

MEDICAL WAIVER

It is agreed that all risks attendant to watching and or participating in Integrity activities, including but not limited to bodily injury, are assumed by the participant and his/ her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by their signature hereto. It is agreed that parents and/or legal guardian agree to be financially responsible for any costs involved after the parents/legal guardian's insurance has paid. In consideration of Integrity, Team Camps

 (Camper's name)

Is a participant for the period mentioned above.

I hereby certify that the named athlete is physically able to participate in the Gymnastics Camp and that I know of no physical impairments which would in any manner limit him/her participation in such a program. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, dental, or surgical services as appropriate or necessary antigens or other injections, to perform emergency procedures as necessary or refer to duly licensed medical personnel when indicated.

 Parent and/or Guardian signature

 date

CREDIT CARD AUTHORIZATION

Name: _____
 Card Type: _____
 Card #: _____ Expiration: _____

 Signature