



MOUNTAINEER
GYMNASTICS

GYMNASTICS CAMP
P.O. Box 0877
MORGANTOWN, WV 26505

Hello Parents and Campers!

We have received your camp application and we are excited to have you attend our 2024 WVU Gymnastics Fall Clinic! Enclosed you will find information for getting to WVU, checking in when you arrive, what to bring with you to camp, and camp forms.

The WVU Physical Form must be completed by a physician and sent to us by mail or email along with your Medical Release Form **BEFORE** you arrive for camp. Without these items we cannot allow you to participate in camp. Please return your medical and physical forms to wvugymnastics@mail.wvu.edu.

This camp is designed for competitive gymnasts levels 5-10, and instruction will be provided on all 4 women's gymnastics events (Vault, Uneven Bars, Balance Beam, Floor Ex.)

As a reminder, this clinic will take place on November 9, 2024. If you have any conflicts please let us know as soon as possible.

We are very excited about your visit to our campus and gym this November. We are going to have some of the strongest coaches and top athletes in our program working and training with you throughout the camp, helping you learn and improve your skill level.

Please let us know if you have any questions we can answer. Your main point of contact for camp questions is Abigail Pierson, she can be reached at (304) 288 7607 and/or abigail.pierson@mail.wvu.edu. She is happy to assist you or forward your question(s) on to the appropriate person for a fast response.

We are looking forward to seeing you in November!



Jason Butts- Head Coach, WVU Gymnastics



2024 WVU GYMNASTICS CAMP INFORMATION

Fall Clinic

November 9, 2024

10 AM - 2 PM

When to Arrive

Please arrive at the WVU Coliseum Blue Gate each day for check-in between 9:15am-9:45am. You will park in front of the building at the Blue Gate (marked in large gold and blue letters above the doors). Weather permitting check-in will take place outside of the Blue Gate (inclement weather inside the Blue Gate). Check in will close at 9:45am. Parents and/or assigned guardians must accompany athletes into the coliseum for check-in/drop-off each day. WVU team members will escort the campers from the coliseum to Cary Gym in groups. Stretch begins at 10am in Cary Gym.

WVU Coliseum

Street address:

**3450 Monongahela Blvd.
Morgantown, WV 26505**



Camp Directors/Athletic Trainer Contact Information

- Abigail Pierson, Director of Operations: 304-288-7607 or abigail.pierson@mail.wvu.edu
- Jessica Yamzon, Assistant Coach: 304-290-3064 or jessica.yamzon@mail.wvu.edu
- Zaaqira Muhammad, Assistant Head Coach: 304-290-9927 or zamhammad@mail.wvu.edu
- Travis Doak, Associate Head Coach: 304-216-2203 or travis.doak@mail.wvu.edu
- General COVID-19, Medical, and Health Questions or in case of Emergency
Hailee Settle, Athletic Trainer: 304-290-8638 or hailee.settle@mail.wvu.edu

Access to Cary Gym - Safety & Security

- To insure a safe and secure environment and facility only camp participants, camp coaches, and staff are allowed inside Cary Gym. The gym doors will remain locked at all times.
- If you need immediate assistance while your gymnast is in Cary Gym, please contact one of our camp directors and we will assist you. In case of emergency, any camp director or the Athletic Trainer can provide immediate assistance.

Meals, Snacks, Beverages

- Campers are responsible for providing their own lunch and snacks. Personal size coolers should be used for items requiring refrigeration. A lunch and snack time will be provided each day. Gatorade, water, and cups will be provided and available at all times. Campers may bring their personal water bottles- PLEASE NO OUTSIDE BEVERAGES.

When to Depart

- Campers may be picked up at the end of the day starting at 2:00pm at the WVU Coliseum Blue Gate. Parents and/or assigned guardians must come into the coliseum to pick up their camper(s).

What to Bring

- All campers should bring work-out clothes of choice, sweatshirts, grips, shoes, and hair ties appropriate for all 4 gymnastics events.
- Any required medication should be checked-in with the Athletic Trainer along with instructions for use at check-in.
- At registration, please bring with you any updated information from your **previously submitted** camp forms.

Refunds/Credits

- No refunds will be given for cancelations in general. Cancelations or early camp departure due to injury, COVID-19, or other documented health issues may be eligible for a full refund with a physician's note. No refunds will be given to campers who choose not to attend camp, fail to provide their forms, leave camp voluntarily, or are removed for disciplinary reasons. Camp refund requests should be submitted to Abigail Pierson.

Camp Forms

- All four forms should be completed, scanned, and emailed to **wwugymnastics@mail.wvu.edu** prior to the start of camp. If you have any updates to these before camp start, please bring hard copies to registration. Your camper will not be allowed to participate in our camp without the completed forms.



CLINIC SCHEDULE

<u>November 9, 2024</u>	
<u>Time</u>	<u>Activity</u>
9:15-9:45am	Drop off/Check In
10:00-10:30am	Warm up/Game/Stretch
10:30-11:00am	Rotation 1
11:00-11:30am	Rotation 2
11:30-12:00pm	Lunch
12:00-12:15pm	Warm up/Game/Stretch
12:15-12:45pm	Rotation 3
12:45-1:15pm	Rotation 4
1:15-1:45pm	Open Gym
2:00-2:30pm	Pick Up

WEST VIRGINIA UNIVERSITY ATHLETICS CAMPS/CLINICS

Camp Health Form

Name _____
Last First Middle Initial

Birth Date _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____
Street and Number

City State Zip

Phone() _____

If parent or guardian above is not available in an emergency, please call:

1. _____ Phone() _____

2. _____ Phone() _____

Health History (Check, giving approximate dates)

Ear Infections	_____	Hay Fever	_____
Ivy Poisoning	_____	Asthma	_____
Convulsions	_____	Insect Bites	_____
Diabetes	_____	Penicillin	_____
Behavior/ADD/ADHD	_____	Other Drugs	_____

Operations or Serious Injuries (Dates) _____

Insurance Company Name: _____

Policy Number _____ Group Number _____

Policy Holder Name _____

Parent or Guardian Signature _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

Parent's Authorization

This health history is correct as best as I know, and I hereby give permission for the person herein described to engage in all prescribed camp activities, except as indicated below

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected at the camp director's discretion to hospitalize, secure treatment, and order injection, anesthesia or surgery for my child.

Signature _____ Date _____

Restrictions/Limitations While at This Camp for This Camper:

A sports camp / clinic participant shall not be permitted to attend a particular camp unless this camp health form, or a similar document with a doctor's signature is completed and returned to the appropriate camp staff no later than the day of registration.

Doctor's Name (Print): _____

Doctor's Signature: _____ Date: _____

Activity Acknowledgment of Risk and Assumption of Responsibility and Release

I understand that during my participation on a West Virginia University (WVU) camp or program, I will be exposed to several risks commonly associated with indoor or outdoor activities. Although WVU has taken precautions to provide proper organization, supervision, instruction, and equipment for each camp or activity, absolute safety cannot be guaranteed. Thus, I acknowledge that there are risks inherent in this type of the camp or activity and nevertheless want to participate. Also, I understand that I share the responsibility for safety during the camp and activity and I assume that responsibility. I agree to comply with the instructions and directions of the WVU staff members during the program.

I understand that a minimal level of fitness is necessary to engage in the activities and further recognize that participation in the activities can expose me and/or my child/children to risks and hazards that are directly or inherently involved and could result in injury or development of a physical condition that may be serious in nature, including the potential loss of limb or life. The risk of injury and/or illness from events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. The risk to have contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, does exist, and it is impossible to eliminate the risk that me and/or my children could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. With full knowledge of the facts and circumstances surrounding these activities, my child/children and/or I voluntarily understand this participation, including all risk of loss of limb or life, property damage, injury to others, and other hazards to me and/or my child/children. Further, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE ACTS, OMISSIONS, OR NEGLIGENCE OF OTHERS, INCLUDING BUT NOT LIMITED TO THE RELEASEES and accept and assume sole and full responsibility for any injury to my children or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, action, cost, or expense, of any kind, that I or my children may experience or incur in connection with attendance or participation.

I have made West Virginia University aware of any health-related reasons or problems that preclude or restrict me and my child/children with participation in the activities. I willingly agree to comply with the stated and customary terms and conditions for attending, including, but not limited to, WVU Rules, Procedures, Policies, Covid-19 or other similar precautions, CDC Guidelines, etc. If I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately. I authorize the employees of WVU to perform basic first aid procedures and or call emergency medical assistance that is, in WVU's judgement, necessary I understand that I and my child/children can and are encouraged to discontinue participation in any activity at any time that I feel unable to continue.

I agree that my activities at and use of the facilities are undertaken at my risk and that I, for myself and on behalf of my children, heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE WEST VIRGINIA UNIVERSITY BOARD OF GOVERNORS ON BEHALF OF WEST VIRGINIA UNIVERSITY, the respective officers, board members, officials, agents and/or employees of each entity, other participants, sponsoring agencies, sponsors, advertisers, and the owners and lessors of the premises with respect to any and all CLAIMS, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I hereby expressly agree that this Waiver of Liability/Assumption of Risk is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia and that if any portion hereof is held invalid, the remainder of the form will continue in full legal force and effect. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS IN AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF MY CHILD(REN), AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name _____ Date _____
(please print)

Participant Signature _____

Parent / Guardian Name _____ Date _____
(please print) If participant is under 18 yrs of age

Parent / Guardian Signature _____

Appendix D

MEDICAL TREATMENT RELEASE FORM

It is the responsibility of the camper's parent or guardian to ensure that the camper is healthy and has no physical problems that would prevent his participation in all camp activities and further, has had a physical within the last 12 months by the appropriate licensed medical personnel clearing for athletic participation,. Responsibility for primary medical insurance coverage rests with the camper.

THIS FORM MUST BE COMPLETED BEFORE REGISTRATION IS COMPLETE!

Camper's Name: _____ Date: _____

List any allergies to medicines:

List any conditions that physicians should know about:

Insurance Company: _____

Policy Number: _____

Group Number: _____

In the event I cannot be reached, I authorize any medical treatment that might be advised by physicians or trainers available to the West Virginia University Camp while my child is present at the camp.

Parent or Guardian:

(Sign Name) (Print Name) (Date)

Emergency Phone Numbers (Day): _____ (Night): _____

WVU CAMP TRANSPORTATION FORM

◆ **CAMPER NAME:** _____

◆ **NAME OF PARENT(S) OR LEGAL GUARDIAN(S):**

◆ **NAME OF PARENT(S) OR ASSIGNED GUARDIAN(S) AND
RELATIONSHIP STATUS AUTHORIZED TO TRANSPORT CAMPER:**

◆ **ALL NECESSARY CONTACT NUMBERS FOR INDIVIDUALS LISTED
ABOVE:**

◆ _____
SIGNATURE PARENT OR LEGAL GUARDIAN

DATE