Once...Always Kilgore College Twirlers
Presents
Tops in Twirling Camp 2015
6th grade through 12th grade at Kilgore College
July 22 - 25, 2015 (Wednesday through Saturday)

Fees:
RESIDENTIAL: $210 per person for Early Registration if received by July 1, (for a savings of $50)
$260 per person after July 1. Registration closes July 16.
Registration includes tuition, room and meals, camp T-shirt and CD.
COMmuter: $160 Early Registration if received by July 1 (for a savings of $50)
$210 per person after July 1. Registration closes July 16.
Registration includes tuition, meals, camp t-shirt and CD.

Refunds: Fees are refundable if we are notified in writing by July 16 (less $25 for handling).

Meals: Breakfast and lunch served in the Student Center Cafeteria, supper will be order out pizza,
McAlister’s Deli and Chick-fil-A

Housing: Students will be housed in air-conditioned residence halls with chaperones on all floors.
Also a Police Officer will be in the lobby of the dorm each night from 10 p.m. until 6 a.m.

What to Bring:
For Camp: Shorts, aerobic tennis shoes, batons (2 batons and/or knives if you signed up for those classes)
For Demonstration: Black shorts, white socks, aerobic tennis shoes, camp T-shirt
For Dorm Room: Sheets (twin), pillow, blanket, towels, etc.

Instruction: Students will be assigned to classes according to ability. The questionnaire at the end of this registration form will
help us be prepared for camp by planning a part of your schedule before you arrive at camp. You will be able to choose one more class
on the first day of camp. Campers will be able to watch demonstrations of routines before making their selection. It is very important
to fill out and return your questionnaire when you register for camp!

Check in: Will be held in Masters Gymnasium on Wednesday, July 22 from 8:00 a.m.-10:00 a.m.

Who May Attend: Any girl going into the 6th grade through the 12th grade.

How to Enroll: Send deposit of $100 or full payment by check, money order or credit card. (Do not mail
cash.) Make checks payable to Once Always KC Twirlers, 1100 Broadway, Kilgore, TX 75662-3204. Final payment by personal
checks will not be accepted at camp check in. Payment should be cash, money order, traveler check, cashier check, or credit card
(Discover, MasterCard or Visa). If you have questions call 903/983-8182.

Classes Offered: Fundamentals, 2-Baton Fundamentals, Dance Twirl, Feature Classes, Dance, 2-Baton, and Samoan Knives
(knives will not be available for purchase at camp, they must be brought with you to camp, it is necessary to have a pair, if you take
this class)

Night Activities:
Wednesday: Twirling Show-Off Night - Bring your music and prepared routine for demonstration
(possible participation and parents are welcome to attend)
Thursday: Pizza Party and Door Decorating (please bring your own supplies from home to
decorate doors)
Friday: Movie Night – Bring your cute pajamas and enjoy popcorn and a movie!

Final Demonstration: 11:00 a.m. on Saturday, July 25 in Masters Gymnasium
This camp is designed for and devoted entirely to girls in grades 6 – 12. No other camps will be in progress during this
week. The camp starts with an Opening Rally. All instruction is by current and former Kilgore College Twirlers.
Current Twirlers stay in the dorm with the campers, as do Once...Always Kilgore College Twirlers who serve as chaperones.

Make your reservations early for a week to remember! Enrollment is limited to dorm capacity. If the dorm fills before
the registration deadline, applications will be denied from that time.

*Confirmation (letter or email) will be sent to you within 10 working days of receiving your registration. Please call 903-983-8182 if
you have not received confirmation after those 10 days.
Application for Once...Always Twirling Summer Camp for Minor
This form MUST be signed and notarized before the Minor is allowed to remain or participate.

Name _____________________________________  Grade (next year) ______________________________
Address ___________________________________  School last attended ____________________________
City/State/Zip ______________________________  Date of Birth  __________/__________/ ____________
Telephone (Home) __________________________  (Parent Office) ________________________________
Parent Cell  ________________________________  Student Cell __________________________________
Parent Email _______________________________  Student Email _________________________________

T-shirt Size (Circle one)         Youth Sizes:     S       M       L            Adult Sizes:     S       M       L       XL

CHECK ONE:      _____Resident Camper        ____Commuter (do not need a dorm room)

Roommate choice (1st Choice)___________________________(2ndChoice)____________________________
Roommate request considered but not guaranteed. Anyone registering after early registration will be assigned
roommates without regard to request. Out-of-town campers must leave the campus at the close of camp. For
payment by credit card (Discover, MasterCard, Visa)

Type of Card_________________Name on Card_____________________Expiration Date _______________
Card#____________________________________ 3 digit code______Signature_________________________

Return this information to Once...Always Twirling, Kilgore College, 1100 Broadway, Kilgore, TX 75662-3204
or phone 903/983-8182 or fax 903/983-8255.

KILGORE COLLEGE ONCE...ALWAYS TWIRLER
RELEASE AND INDEMNITY AGREEMENT

In consideration of Kilgore College (KC) and The Kilgore College Once...Always Twirlers (OA) providing
instruction to ________________________________________________________   (name of Minor), the
undersigned, _________________________________ (parent, guardian or managing conservator), whose
address is ____________________________________________________________________ hereby
AGREES, on behalf of the Minor, AS FOLLOWS:

(1) The undersigned agrees to INDEMNIFY and HOLD HARMLESS KC and OA and their officers, directors,
and employees against ANY AND ALL CLAIMS, INCLUDING NEGLIGENT ACTS OR OMISSIONS
(whether bodily injury, death or property claims), for conduct committed by its officers, agents, employees, or
employees of contractors that arise out of or in connection with the Minor’s participation or instruction in the
Once...Always Twirler summer camp program, wheresoever such activity occurs.

(2) In so agreeing, the undersigned ASSUMES ALL RISKS AND WAIVES ALL CLAIMS against KC and
OA, their officers, directors, and employees for any damage, loss or injury, with respect to the Minor’s
participation in the Twirler summer camp program, or in any such matters.

______Parent,      _____Guardian,     _____Managing Conservator          (check one)

Signature _____________________________________________________ Date__________________
Kilgore College Once. . .Always Twirler Consent for Medical Treatment for Minor

Student’s Name: First_______________________________ MI________ Last ___________________________________________
Parents’ Names:
Father: First_______________________________ MI________ Last __________________________________________________
Address: Street______________________________________ City_____________________State_____Zip___________________
Phone: Day_____________________________Evening _______________________ Cell _________________________________
E-Mail: ___________________________________________________________________________________________________
Mother: First______________________________MI________ Last ___________________________________________________
Address: Street______________________________________ City_____________________State_____Zip___________________
Phone: Day_____________________________Evening _______________________ Cell _________________________________
E-Mail: ___________________________________________________________________________________________________
Other: _____Managing Conservator      _____Guardian      _____Other Local Contact
Name: First______________________________MI________ Last _______________________________________________________
Address: Street______________________________________ City_____________________State_____Zip___________________
Phone: Day_____________________________Evening _______________________ Cell _________________________________
E-Mail: ___________________________________________________________________________________________________
If the student has any special medical conditions, please list those along with the name and phone number of the Specializing Physician to contact in case of an emergency. ___________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
KILGORE COLLEGE ONCE. . .ALWAYS TWIRLER AUTHORIZATION

I, ______________________________________, the natural parent, legal guardian or managing conservator of ____________________________, a minor, do hereby acknowledge and declare that said minor is presently under my care, custody and control and that I have the authority to grant the permission and consent for medical treatment stated herein. I further declare that the minor has no known medical conditions which would prohibit or limit his/her participation in The Kilgore College Once. . .Always Twirlers program.

I hereby authorize any representative of Kilgore College or The Kilgore College Once. . .Always Twirlers to authorize and consent to any medical examination, treatment, surgery, and/or administration of drugs by qualified, licensed medical personnel on my behalf and for said minor which may become necessary due to injury, illness or disease while participating in The Kilgore College Once. . .Always Twirlers program and associated activities.

I understand that:
(1) I will be notified as soon as possible by Kilgore College of any injury, illness or disease requiring medical examination or treatment pursuant to this consent. Once notified, I will be solely responsible for any further consent to medical, surgical or drug treatment provided to said minor.
(2) all expenses of such care, examination and treatment will be paid by me or my insurance.
(3) it is my responsibility to advise Kilgore College, in writing, of any special medical needs of said minor, including, but not limited to: medical insurance information, known medical conditions, known drug allergies, and regular medication.

By:______________________________ Relation to Minor:_____________________________________

STATE OF TEXAS, COUNTY OF ___________________, SUBSCRIBED AND SWORN TO before me by the said ____________________________ on this the _________ day of _______________, 20____, to certify which witness my hand and seal of office. Notary Public ____________________________________________________ My commission expires____________________________________