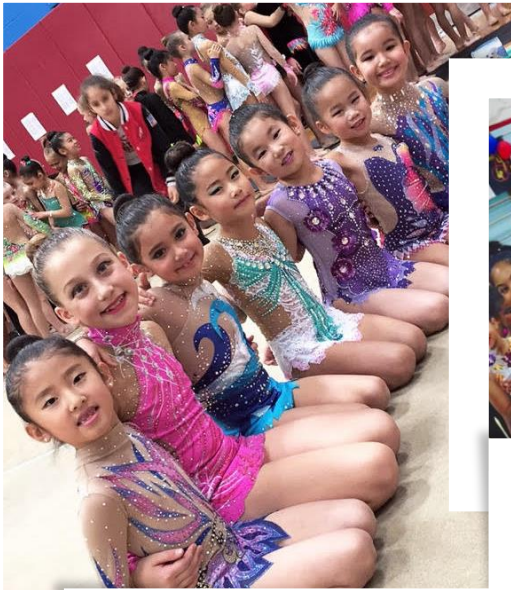


LA SCHOOL OF GYMNASTICS

# Rhythmic Gymnastics Camp



June 12th-August 25th

(310) 204 1980  
8450 Higuera St.  
Culver City, CA 90232  
[www.lagymnastics.com](http://www.lagymnastics.com)

## Dear LA School of Gymnastics Camp parent,

Welcome and thank you for choosing LASG as your primary Annual Summer Camp program. You have made an excellent choice to enrich your child's summer experience. The combination of gymnastics, activities, and swimming will excite, delight and motivate your child all summer long. The following list will provide you with information regarding policies and other concerns about our program. If you should have any further questions about the camp please contact our office at (310) 204-1980.

**ATTENDANCE:** If your child is sick, please notify the office ASAP. For obvious reasons, please do not bring a sick child to the school. Due to company policy, we are unable to refund, credit any accounts or any missed days **WE DO NOT OFFER TRIAL DAYS!**

**SIGN-IN POLICY:** Please sign your child's name and arrival time when dropping him/her off and be sure they have everything needed for the duration of the camp day. For any special arrangement (such as early pick-up or drop off) please notify the office staff in writing in advance.

**EXIT POLICY:** Please sign your child out and let the LASG staff know when you are leaving with your child. Please inform our front office when you arrange for someone outside of your family to pick-up your child. To ensure the safety of our campers please phone or write to our front office with the name and description of the person

**EXTENDED CARE HOURS:** Extended care staff does NOT offer a grace period, children will be placed in extended care directly before/after day camp is over. If you need early or late care, please indicate below. Early care starts at 8:00 AM. Late care ends at 6:00 PM. The early care rate is \$15.00 per hour (8:00am-9:00am). In order to have EARLY CARE we need a minimum of 3 children. Late care is \$15.00 per hour (3:00-6:00pm) per child. Pre-payment for camp early/late care is required. After 6:00 PM rate is \$1 per minute. Please include times and dates you will need early or late care on the primary application.

**EMERGENCY INFORMATION & RELEASE FORM:** Please complete the emergency information sheets that must be completed before a camper can participate in any camp activity. All applicants must include ALL pages from the camp handbook, or will be considered incomplete

**LUNCH:** All campers are responsible for his/her lunch and snacks. Please sack all lunches in plain brown paper bags or lunch boxes with the name clearly marked on it for identification purposes. L.A.S.G. provides coolers, refrigerator, a vending machine and a small snack shop with snacks ranging from \$1.25 - \$5.00. You may also set up an account for your child at our snack shop. We will also have Hot Lunch on Monday-Friday at \$8.00 (cash) all fees are due 24 hours before your child starts camp. Please provide enough money or food for your child's appetite. Hot lunch is 2 slices of cheese pizza and a drink.

## ACCOUNTS PAYABLE

1. Pre-payment for 5 week session due by 5/2/2016 \$ 1,600 (save \$150)
2. Pre-payment for 5 week session due by 5/23/2016 \$ 1,650 (save \$100)
3. Weekly Rate M-F 9am-2pm is \$350.
4. Daily rate (9:00- 2:00 PM) (minimum 3 days weekly) \$80 Daily
5. Half Day (9:00-12:00 PM) (minimum 3 days weekly) \$60 Daily
6. **Refunds** are not permitted for camp services.
7. PLEASE carefully choose & secure your child's days.
8. Hot lunch is \$ 8.00 for two slices of pizza and a drink. (**NOTE:** there needs to be a minimum of 3 students for pizza in order to provide this service.)

## Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-12:00am	Ballet Stretching Conditioning Body Difficulties	Ballet Stretching Conditioning Body Difficulties	Ballet Stretching Conditioning Body Difficulties	Ballet Stretching Conditioning Body Difficulties	Ballet Stretching Conditioning Body Difficulties
12:00-1:00pm	Lunch	Lunch	Lunch	Lunch	Lunch
1:00-2:00pm	Equipment	Equipment	Equipment	Equipment	Equipment

# CAMP ATTENDANCE

**Child's Name:** \_\_\_\_\_

If you plan on enrolling your child for a **full week**, please check the box next to the week(s) you plan on enrolling your child. If you plan on attending on a **day-by-day basis**, please specify which days by circling full day or half day in the days of your choice. If you choose to attend on a day-by-day basis, you must select a minimum of 3 days per week.

	Full Week	Monday	Tuesday	Wednesday	Thursday	Friday
6/12-6/16		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half
6/19-6/23		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half
6/26-6/30		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half
7/3-7/7		Full/ Half	Closed	Full/ Half	Full/ Half	Full/ Half
7/10-7/14		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half
7/17-7/21		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half
7/24-7/28		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half
7/31-8/4		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half
8/7-8/11		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half
8/14-8/18		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half
8/21-8/25		Full/ Half	Full/ Half	Full/ Half	Full/ Half	Full/ Half

**I declare that I am the parent of and have legal custody of, or is the legal guardian of minor(s):**

\_\_\_\_\_

My child/children is/are enrolled at the Los Angeles School of Gymnastics (LASG) and while attending the camp, LASG and the adult members of its staff are entrusted with the care of my child/children. I hereby give permission to the Los Angeles School of Gymnastics to teach and partake in my child's spring camp curriculum.

In addition to this consent form I hereby acknowledge that I, parent or legal guardian of camper(s) assumes full responsibilities of all costs endured in the program while child/children is/are attending. Any outstanding balance will be forwarded to a formal independent collection firm. Any returned checks will incur a \$25 check fee and any further collection if needed.

I the undersigned understand all rules and regulations set forth by the Los Angeles School of Gymnastics and set forth my signature as evidence that I recognize all policies stated herein. I also understand that LASG is not responsible for lost or stolen items.

Signature of Parent or Legal Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

\_\_\_\_\_  
Please Sign (Non-refundable)

\_\_\_\_\_  
Date

**PARENTS AUTHORIZATION FOR CUSTODIAN'S CONSENT TO MEDICAL CARE FOR MINOR**  
**Pursuant to California Civil Code Section 25.8**

The undersigned do hereby authorize Los Angeles School of Gymnastics or such substitute as it may designate as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by an to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act or of any dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

The undersigned hereby authorizes any hospital which has provided treatment to the minor to surrender physical custody of the minor to the agent upon the completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety code of California.

This authorization will remain effective for one year from the date of signature while the above minor is reroute to or from or involved or participating in any gymnastic program or activity of the Los Angeles School of Gymnastics, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent or Guardian)

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Los Angeles School of Gymnastics**  
**HEALTH INFORMATION/RELEASE FORM**

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Health/Accident Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergy to Any Medication, Food, Plant, Animal, or Insect Toxin? Yes [ ] No [ ]

Explain (if yes) \_\_\_\_\_

Any Condition that may require special care, medication, or diet? Yes [ ] No [ ]

Explain (if yes) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
**Please Sign (Non-refundable)**

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

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**  
In consideration of participating in the LA School of Gymnastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and even death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue LA School of Gymnastics, its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes claim against any of the Releasees I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may occur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

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

Signature of Participant (or parent/legal guardian if under 18 years)

**Emergency Consent to Treat**

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid myself, \_\_\_\_\_ and prevent further injury and/ or death. I give permission to the emergency care physicians, support personnel and the LA School of Gymnastics to do what they deem necessary in my best interests.

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**Parent or Guardian Signature**

**Billing Info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Method of Payment:**

MasterCard    Visa    Amex    Cash

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize LA School of Gymnastics to charge my credit card account in the amount of \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

- Print form. Complete and sign form. Any questions call 310-204-1980.
- Include photocopy of credit card (front and back). Copier to light setting or image will fax to dark.
- Include copy of cardholder's driver's license.
- FAX to (310) 204-6864