

LOS ANGELES SCHOOL OF GYMNASTICS

RHYTHMIC GYMNASTICS CAMP 2018

July 2-August 24, 2018

8:30 am -2:30 pm



Weekly Rate:\$350

\$70 daily (half day)- min 3 days per week

\$80 daily (full day)- min 3 days per week

DAILY RHYTHMIC SUMMER CAMP SCHEDULE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30-11:30AM	BALLET STRETCHING CONDITIONING	BALLET STRETCHING CONDITIONING	BALLET STRETCHING CONDITIONING	BALLET STRETCHING CONDITIONING	BALLET STRETCHING CONDITIONING
11:30-12:30PM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
11:30-2:30PM	EQUIPMENT	EQUIPMENT	EQUIPMENT	EQUIPMENT	EQUIPMENT

**LOS ANGELES SCHOOL OF GYMNASTICS
2018 SUMMER GYMNASTICS DAY CAMP**

I declare that I am the parent of and have legal custody of, or is the legal guardian of:

_____, Minor

_____, Minor

_____, Minor

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 summer 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 ending. Any outstanding balance will be forwarded to a formal independent collection firm. Any returned checks will incur a \$35 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.

Dated in Culver City, California, this _____ day of _____ 2018

Signature of Parent or Legal Guardian _____

Print Name _____

Non-Refundable Please initial

Date

LOS ANGELES SCHOOL OF GYMNASTICS

2018 SUMMER GYMNASTICS DAY CAMP

CAMP ATTENDANCE

PLEASE CHECK THE WEEK OR DAYS THAT YOUR CHILD WILL BE ATTENDING

Childs Name:

Please place a check mark following the dates on which you plan on bringing your child. If you plan on attending on a daily basis, please check a minimum of three days per week. If you plan on attending mornings only please check the morning followed by the days you intend on participating.

WEEK 1 (JULY1 - 6,2018) Full Week____ Full Day____ Mornings Only____
MON____ **TUES**____ **WED NO CAMP** **THUR**____ **FRI**____

WEEK 2 (JULY 9 –13, 2018) Full Week____ Full Day____ Mornings Only____
MON____ **TUES**____ **WED**____ **THUR**____ **FRI**____

WEEK 3 (JULY 16 -20, 2018) Full Week____ Full Day____ Mornings Only____
MON____ **TUES**____ **WED**____ **THUR**____ **FRI**____

WEEK 4 (JULY 23 – 27, 2018) Full Week____ Full Day____ Mornings Only____
MON____ **TUES**____ **WED**____ **THUR**____ **FRI**____

WEEK 5 (JULY 30 – AUG 3, 2018) Full Week____ Full day____ Mornings Only____
MON____ **TUES**____ **WED**____ **THUR**____ **FRI**____

WEEK 6 (AUGUST 6 –10, 2018) Full Week____ Full Day____ Mornings Only____
MON____ **TUES**____ **WED**____ **THUR**____ **FRI**____

WEEK 7 (AUGUST 13 –17, 2018) Full Week____ Full Day____ Mornings Only____
MON____ **TUES**____ **WED**____ **THUR**____ **FRI**____

WEEK 8 (AUGUST 20- 24, 2018) Full Week ____ Full Day ____ Mornings Only____
MON____ **TUES**____ **WED**____ **THUR**____ **FRI**____

Non-Refundable Please initial

Date

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 _____

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.

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

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.

Parent or Guardian Signature

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 enroute 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 _____
(Parent or Guardian)

DATE _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

FIELD TRIP PERMISSION SLIP

I declare that I am the parent/ guardian
of _____, minor

My child/children is/are enrolled at the Los Angeles School of Gymnastics. I hereby give them permission to attend the field trips scheduled for Summer Gymnastics Camp, with LASG staff and entrust the care of my child to those staff members.

I hereby acknowledge that I understand all rules and regulations set forth by LASG and agree to abide by those policies.

Dated: _____

Parents Signature: _____

Printed Name: _____

