

SAVE THE DATES

JUNE 15, 2020 - AUGUST 28, 2020

LOS ANGELES SCHOOL OF GYMNASTICS

WWW.LAGYMNASTICS.COM PH: 310-204-1980 FAX: 310-204-6864

SUMMER DAY CAMP 2020



KIDDY CAMP



BOYS



GIRLS



RHYTHMIC

VOTED THE BEST SUMMER CAMP BY L.A. PARENTS!

We offer many different specialty programs that is sure to fit every child, of every age. Kiddy Camp, Girls and Boys Camp, Rhythmic Camp, Tumbling and Trampoline.

Ofrecemos diferentes programas para diferentes años, tenemos Kiddy Camp para niños pequeños, Campa para niñas y niños, Camp de Ritmico de deporte gimnástico y tumbling y trampoline también parte del deporte de gimnastico.

ENROLL NOW!

INSCRIBETE AHORA!

LOS ANGELES SCHOOL OF GYMNASTICS

2020 Summer Gymnastics Day Camp

Dear 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) please notify the office staff in writing in advance.

CHECK ON/OUT POLICY

Please sign your child in/out to ensure the safety of your child. 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. LASG offers an extensive video surveillance system in addition to our stringent check in/out policies. We appreciate your cooperation.

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

ELECTRONICS

No cell phones, tablets or other electronic devices are allowed at camp. Items will be confiscated until the end of camp.

DAILY SUMMER CAMP SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9-10:30am	Gymnastics	Gymnastics	Gymnastics	Gymnastics	Gymnastics
10:30-11am	Nutrition Break	Nutrition Break	Nutrition Break	Nutrition Break	Nutrition Break
11am-12pm	Sport Games	Dance/Ninja	Art&Craft	Dance/Ninja	Sport Games
12-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch
12:30-2pm	Gymnastics	Gymnastics	Gymnastics	Gymnastics	Gymnastics
2-3pm	Dance/Ninja	Sport Games	Dance/Ninja	Sport Games	Art&Craft

PAYMENTS

FULL DAY

MONDAY – FRIDAY

9AM – 3PM

\$125/day

HALF DAY

MONDAY – FRIDAY

9AM – 12 PM

OR

12PM – 3PM

\$105/day

NUTRITION BREAK: 10:30AM -11:00AM

LUNCH BREAK: 12:00PM – 12:30 PM

Food currently unavailable. Please send your child with enough water, snacks and lunch.

NO EXTENDED CARE CURRENTLY AVAILABLE

**LOS ANGELES SCHOOL OF GYMNASTICS
2020 SUMMER GYMNASTICS DAY CAMP**

Please detach and return to office staff

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 _____ 2020

Signature of Parent or Legal Guardian _____

Print Name _____

Non-Refundable Please initial

Date

LOS ANGELES SCHOOL OF GYMNASTICS

2020 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 (JUNE 15 - JUNE 19, 2020) ___ Full Day___ Mornings Only___ Afternoon Only
MON__ TUES__ WED__ THUR__ FRI__

WEEK 2 (JUNE 22 – JUNE 26, 2020) ___ Full Day___ Mornings Only___ Afternoon Only
MON__ TUES__ WED__ THUR__ FRI__

WEEK 3 (JUNE 29 – JULY 3, 2020) ___ Full Day___ Mornings Only___ Afternoon Only ___
MON__ TUES__ WED__ THUR__ FRI__

WEEK 4 (JULY 6 - JULY 10, 2020) ___ Full Day___ Mornings Only___ Afternoon Only
MON__ TUES__ WED__ THUR__ FRI__

WEEK 5 (JULY 13 - JULY 17, 2020) ___ Full Day___ Mornings Only___ Afternoon Only
MON__ TUES__ WED__ THUR__ FRI__

WEEK 6 (JULY 20 - JULY 24, 2020) ___ Full Day___ Mornings Only___ Afternoon Only
MON__ TUES__ WED__ THUR__ FRI__

WEEK 7 (JULY 27 - JULY 31, 2020) ___ Full Day___ Mornings Only___ Afternoon Only
MON__ TUES__ WED__ THUR__ FRI__

WEEK 8 (AUGUST 3 - AUGUST 7,2020) ___ Full Day___ Mornings Only___ Afternoon Only
MON__ TUES__ WED__ THUR__ FRI__

WEEK 9 (AUGUST 10- AUGUST 14 2020) ___ Full Day___ Mornings Only___ Afternoon
Only ___
MON__ TUES__ WED__ THURS__ FRI__

WEEK 10 (AUGUST 17- AUGUST 21, 2020) ___ Full Day___ Mornings Only___ Afternoon Only ___
MON__ TUES__ WED__ THURS__ FRI__

WEEK 11 (AUGUST 24- AUGUST 28, 2020) ___ Full Day___ Mornings Only___ Afternoon Only
MON__ TUES__ WED__ THURS__ FRI__

Non-Refundable Please initial

Date

Los Angeles School of Gymnastics
HEALTH INFORMATION/RELEASE FORM

Camper's Name _____ Date of Birth _____ Age _____ M/F _____

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.

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.

Parent or Guardian Signature

**LOS ANGELES SCHOOL OF GYMNASTICS
COV-19 WAIVER**

I, _____ do hereby acknowledge that I received the Los Angeles School of Gymnastics COV-19 Waiver and do hereby agree to adhere to the following:

I acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19.

While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

Name (print) _____ Date

Name (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 enroot 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 () _____

* T-shirt fee for all campers is \$15.00



- 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 drivers license.
- FAX to (310) 204-6864

Class No.																
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> America Express															
Credit Card Number																
Expiration Date																
CID (card id #)					Last 3 digit number on the back of your card 											
BILLING ADDRESS																
Cardholder Name																
Company																
Address																
Address																
City/State/Zip																
Telephone																
AUTHORIZATION TO CHARGE CREDIT CARD																
I, _____, hereby authorize LA School of Gymnastics to charge my credit card account in the amount of \$_____																
AUTHORIZATION SIGNATURE																
X _____ Date: _____																
Print Name: _____																