

# LOS ANGELES SCHOOL OF GYMNASTICS

## 2009 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 field trips 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**

Regular camp hours are from 9:00 AM to 3:00 PM. Early drop off starts at 8:00 A.M. with a fee of \$25.00 **per week**, late care is from 3:00PM.-6:00PM with a fee of \$40.00 **per week**. In order to attend early/late care, prior arrangements must be made, and paid in advance Campers **who are not picked up by 6:00 PM will be billed at \$1 per minute**. Campers are specifically kept off the gymnasium floor for their own safety. Campers will be provided with coloring books, movies and cartoons for entertainment. Please discuss this with your child and provide them sufficient food, money, books etc. to sustain them through the extended care waiting period.

### **EMERGENCY INFORMATION & RELEASE FORM:**

Please complete the emergency information sheets that must be completed before a camper can participate in any camp activity. All campers are provided with a free LASG T-shirt (**1 for every 5-week session**).

## **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 \$.25 - \$5.00. You may also set up an account for your child at our snack shop. We will also have **Pizza Days on Monday-Friday** at \$7.00 (includes 2 slices and a drink). All fees are due before your child takes lunch on that day. Please provide enough money or food for your child's appetite.

## **ACCOUNTS PAYABLE**

A \$100 non-refundable deposit is required to hold all spaces in our camp. All deposits are due by June 1, 2009, and balance will be due one week before your starting date. Payments will be received in one of four payment plans:

1. Pre-payment by five week session (best rate) \$950 (\$190/week) - Save \$175!!!
2. Pre-payment week by week \$225 (All payments should be pre-paid before your child starts camp).
3. Daily rate (9:00- 3:00 PM) (minimum 3 days weekly) \$60 Daily
4. Gymnastics only (9:00-12:00 PM) (minimum 3 days weekly) No Wed. -\$40 Daily
5. Early care (8:00 to 9:00 AM) (\$25) Late-care (3:00 to 6:00 PM) (\$40) per week

**\*\*Credit Card Payments for 5-week pre-payment will include an Auto-Charge of 2% - Discount still applies!\*\***

Multiple sibling (3 or more students) discounts are available at 10% off if pre-paid by June 1, 2009.

## DAILY SUMMER CAMP-SCHEDULE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>8:00-9:00AM</b>	Early Care	Early Care	Early Care	Early Care	Early Care
<b>9:00-12:00PM</b>	GYMNASTICS	GYMNASTICS	GYMNASTICS	GYMNASTICS	GYMNASTICS
<b>12:00-1:00PM</b>	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
<b>1:00-2:00PM</b>	ART CLASS	SPORTS DAY	SWIM SESSION	SPORTS DAY	CIRCUS AND JUGGLING
<b>2:00-3:00PM</b>	DANCE INSTRUCTION	SPORTS DAY	SANTA MONICA PLUNGE POOL	DANCE INSTRUCTION	CIRCUS AND JUGGLING
<b>3:00-6:00PM</b>	Late Care	Late Care	Late Care	Late Care	Late Care

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 \$25 per week and late care is \$40 per week, per child, pending prior arrangements. **After 6:00 PM rate is \$1 per minute. NO EXCEPTIONS!** Please include times and dates you will need early or late care.

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**LOS ANGELES SCHOOL OF GYMNASTICS  
2009 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 \$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.

Dated in Culver City, California, this \_\_\_\_\_ day of \_\_\_\_\_ 2009

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

CAMP ATTENDANCE

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

Childs Name:

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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 22- 26, 2009) Full Week\_\_\_ Full Day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 2 ( JUNE 29- JULY 3, 2009) Full Week\_\_\_ Full Day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 3 ( JULY 6- JULY 10, 2009) Full Week\_\_\_ Full Day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 4 ( JULY 13-JULY 17, 2009) Full Week\_\_\_ Full Day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 5 ( JULY 20- JULY 24, 2009) Full Week\_\_\_ Full Day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 6 (JULY 27- 31, 2009) Full Week\_\_\_ Full day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 7 ( AUG 3- AUG 7, 2009) Full Week\_\_\_ Full Day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 8 ( AUG 10- 14, 2009) Full Week\_\_\_ Full Day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 9 ( AUG 17- 21, 2009) Full Week\_\_\_ Full Day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 10 ( AUG 24- 28, 2009) Full Week\_\_\_ Full Day\_\_\_ Mornings Only\_\_\_  
**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

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## EMERGENCY INFORMATION

Camper's Name \_\_\_\_\_

Camper's Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell or pager number \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell or pager number \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Additional Information (Allergies, Medication, Special Care or if child has preexisting condition which can be associated with gymnastics)

## 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: \_\_\_\_\_

Emergency contact numbers:

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Medical information: (allergies, Medication, or Special Care required)

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