

**COMING THIS SEPTEMBER - NOVEMBER 2020**

LOS ANGELES SCHOOL OF GYMNASTICS  
8450 HIGUERA STREET, CULVER CITY, CA 90232 310-204-1980  
WWW.LAGYMNASTICS.COM

# **LASG EDUCARE KIDS DAY PROGRAM**

**LEARNING ASSISTED CHILD CARE AND PHYSICAL EDUCATION FOR KIDS OF ALL AGES**



**FULL & HALF DAY  
ON-SITE VIRTUAL SCHOOL**



**PHYSICAL  
EDUCATION ACTIVITY**



**CHILD  
CARE SERVICES**

STUDENTS WILL BE GUIDED IN LOS ANGELES SCHOOL OF GYMNASTICS' VIRTUAL LEARNING PROGRAM. THEIR ROOM MONITOR WILL ENSURE THEIR SCHEDULE IS FOLLOWED, ASSIGNMENTS ARE BEING COMPLETED, AND YOUR CHILD IS ENGAGED AND ATTENTIVE WITH THEIR VIRTUAL CLASSES.

ACCREDITED SCHOOL TEACHERS & TUTORS OFFERED IN CONJUNCTION WITH GYMNASTICS AND SPORTS ACTIVITIES.

**COMING SOON - CALL TO INQUIRE - (310) 204-1980**

## LOS ANGELES SCHOOL OF GYMNASTICS 2020 EDUCARE KIDS DAY PROGRAM

Dear Gymnastics Camp Parent,

Welcome and thank you for choosing LA School of Gymnastics' Educare Kids day Program. You have made an excellent choice to enrich your child's experience. The combination of gymnastics, tutoring, educational classes, physical fitness and an extended schedule will please you. 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!** Please note, all parents must sign a waiver upon signing their child up classes.

### **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**

Each child should bring 1 tablet device, 1 pair of headphones and 1 charger. All items should be labeled with child's name and contact information. Please check your child's belongings daily for any missing items.

## DAILY EDUCARE DAY PROGRAM SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9am-12pm	Reading/ Homework Support/Zoom	Reading/ Homework Support/Zoom	Reading/ Homework Support/Zoom	Reading/ Homework Support/Zoom	Reading/ Homework Support/Zoom
12pm-12:30pm	Lunch	Lunch	Lunch	Lunch	Lunch
12:30pm-2pm	Reading/ Homework Support/Zoom	Reading/ Homework Support/Zoom	Reading/ Homework Support/Zoom	Reading/ Homework Support/Zoom	Reading/ Homework Support/Zoom
2pm-3pm	Sports Activity	Sports Activity	Sports Activity	Sports Activity	Sports Activity

## PAYMENTS

### FULL DAY

MONDAY – FRIDAY

9AM – 3PM

\$125/day (\*3 days minimum per week)

### HALF DAY

MONDAY – FRIDAY

9AM – 12 PM

**OR**

12PM – 3PM

\$105/day (\*3 days minimum per week)

**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.**

**LOS ANGELES SCHOOL OF GYMNASTICS  
2020 EDUCARE KIDS 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 EDUCARE, 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 day 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 EDUCARE KIDS DAY CAMP – SEPTEMBER 1, 2020 – DECEMBER 31, 2020**

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 (AUGUST 31 – 4, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 2 (SEPTEMBER 7-11, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 3 (SEPTEMBER 14-18, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 4 (SEPTEMBER 21-25, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 5 (SEPTEMBER 28 – OCTOBER 2, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 6 (OCTOBER 5-9, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 7 (OCTOBER 12-16, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 8 (OCTOBER 19-23, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 9 (OCTOBER 26-30, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THURS\_\_ FRI\_\_**

WEEK 10 (NOVEMBER 2-6, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only \_\_\_\_

**MON\_\_ TUES\_\_ WED\_\_ THURS\_\_ FRI\_\_**

WEEK 11 (NOVEMBER 9-13, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THURS\_\_ FRI\_\_**

\_\_\_\_\_  
Non-Refundable Please initial

\_\_\_\_\_  
Date



LOS ANGELES SCHOOL OF GYMNASTICS

**2020 EDUCARE KIDS DAY CAMP – SEPTEMBER 1, 2020 – DECEMBER 31, 2020**

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 12 (NOVEMBER 16-20, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 13 ( NOVEMBER 23-25, 27, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ FRI\_\_ CLOSED THANKSGIVING**

WEEK 14 (NOVEMBER 30 – DECEMBER 4, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 15 (DECEMBER 7-11, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 16 (DECEMBER 14-18) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ FRI\_\_**

WEEK 17 (DECEMBER 21-24, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_ CLOSED FOR CHRISTMAS**

WEEK 18 (DECEMBER 28-31, 2020) \_\_\_\_ Full Day\_\_\_\_ Mornings Only\_\_\_\_ Afternoon Only

**MON\_\_ TUES\_\_ WED\_\_ THUR\_\_**

\_\_\_\_\_  
**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 \_\_\_\_\_  
(Parent or Guardian)

DATE \_\_\_\_\_

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

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