LA SCHOOL OF GYMNASTICS

8450 HIGUERA STREET, CULVER CITY, CA 90232
WWW.LAGYMNASTICS.COM

MLK DAY CAMP

JAN 18 2021

*BOYS/GIRLS CAMP
*RHYTHMIC GYMNASTICS
*ADULT GYMNASTICS

THE BEST CAMP IN TOWN

LOS ANGELES School of Gymnastics
8450 Higuera St.
Culver City, CA 90232
(310) 204-1980
www.lagymnastics.com

MARTIN LUTHER KING JR. DAY CAMP

DURATION: ONE-DAY CAMP MONDAY, JANUARY 18, 2021

Child's Name:	Age:
Address:	City/Zip Code:
Parent's Name:	Email & Phone:

SELECT: FULL-DAY [ ] HALF DAY [ ]

RATES:	
DAILY RATE: (9am-3pm) $125/day	HALF -DAY (9am-12pm): $105/half day

FOR OFFICE USE ONLY

DATE:	AMOUNT PAID:	PAYMENT TYPE:

CAMP SCHEDULE

TIME	MONDAY
9:00AM – 12NOON	GYMNASTICS
12NOON - 1:00PM	LUNCH
1:00PM - 3:00PM	GAMES

NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

Dear LA School of Gymnastics Camp Parent,

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

ATTENDENCE

If your child is sick, please notify the office ASAP. For obvious reasons, please do not bring in 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 in 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 arrangements (such as pick-up or drop-off), please notify the office staff in writing.

EXIT POLICY

Please sign your child out and let 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 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 of late care, please indicate below. Early care starts at 8am. Late care ends at 6pm. The early care rate is $15/hr. (8am-9am). In order to have EARLY CARE, we need a minimum of three (3) children. Late care is $15/hr. (3pm-6pm) per child. Pre-payment for camp early/late care is required. After 6pm, rate is $1 per minute. Please include times and date you will need early or late care on primary application.

EMERGENCY INFORMATION & RELEASE FORM

Please complete the emergency information sheets that must be complete before a camper can participate in any 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. LASG 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 you child in our snack shop. We will also have Hot Lunch on Monday-Friday at $10/cash all fees are due 24-hours before your child begins camp. Please provide enough money or food for your child's appetite. Hot lunch is 2 slices of cheese pizza and a drink.

I declare that I am the parent of _____ and have legal custody of, or is the legal guardian of minor(s) (first/last name(s):

1.	2.	3.

My child/children is/are enrolled at Los Angeles School of Gymnastics (LASG). 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 LASG to teach and partake in my child's curriculum.

In addition to this consent, 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 enrolled. Any outstanding balance will be forwarded to a formal independent collection firm, if needed. I, the undersigned, understand all rules and regulations set forth by LASG 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.

Print Name of Parent/Legal guardian	Signature

NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

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HEALTH INFORMATION/RELEASE FORM

HEALTH/ACCIDENT INSURANCE COMPANY	POLICY NUMBER
ALLERGY TO ANY MEDICATION, FOOD, PLANT, ANIMAL, OR INSECT TOXIN? YES [ ] NO [ ]	IF YES, EXPLAIN:
ANY CONDITION THAT MAY REQUIRE SPECIAL CARE, MEDICATION, OR DIET? YES [ ] NO [ ]	IF YES, EXPLAIN:
MOTHER'S NAME	PHONE
FATHER'S NAME	PHONE
EMERGENCY CONTACT NAME	PHONE

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in LA School of Gymnastics (LASG) 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 involve risks of serious bodily injury, Including permanent disability, paralysis and death, which may be caused by my own actions, inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" 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 all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue LASG 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 consider done of the "RELEASES" 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 or the "releases" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this 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 and assurance of any nature and intend it 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 valid the balance, notwithstanding, shall continue in full force and effect.

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 LASG to do what they deem necessary in my best interests.

Print Name of Parent/Legal guardian	Signature	Date

NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

NON-REFUNDABLE

PARENT AUTHORIZATION FOR CUSTODIAN'S CONSENT TO MEDICAL CAR FOR MINOR
Pursuant to California Civil Code Section 25.8

The undersigned do hereby authorize LA 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 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 one year from the date of signature while the above minor is reroute to or from or involved or participating in any gymnastics program or activity of the LA School of gymnastics, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Print Name of Parent/Legal guardian	Signature	Date

BILLING INFORMATION

FIRST & LAST NAME	ADDRESS
DAYTIME PHONE	CITY, STATE, ZIP
METHOD OF PAYMENT [ ] MASTERCARD [ ] VISA [ ] AMEX [ ] CASH	CREDIT CARD NUMBER
EXPIRATION	CVC CODE

I, _____, hereby authorize LA School of gymnastics to change my credit card account in the amount of $ _____ .

Print Name of Parent/Legal guardian	Signature	Date

NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

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MISCONDUCT PRVENTION POLICY AND PROCEDURE

PARENT ACKNOWLEDGMENT

Coaching sports, particularly gymnastics and sports involving gymnastics-like maneuvers, creates opportunities for physical contact between a coach and an athlete. Physical contact is acceptable when it is reasonable intended to coach, teach, or demonstrate a skill or to prevent or lessen injury (e.g. spotting, catching).

Our coaches exercise extreme care to ensure that such contact is not invasive of sensitive areas of the body. Infrequent, non-intentional physical contact particularly that which arises out of error on the part of the athlete or coach, does not constitute physical misconduct.

I, _____, parent/guardian of athlete _____ confirm that I have received a copy of the Misconduct Prevention Policy and Procedure and do consent to have the coaching staff engage with my child, in any manner that is intended to coach, teach, or demonstrate a skill or to prevent or lessen injury. Should I have any concerns of misbehavior and/or misconduct, I agree to report the incident to the gym's management as soon as possible.

Print Name of Parent/Legal guardian	Signature	Date

NON-REFUNDABLE PLEASE INITIAL _____ DATE _____