



LOS ANGELES GYMNASTICS CENTER

GYMNASTICS

**CESAR CHAVEZ DAY
CAMP**

DATE & TIME:

MONDAY, MARCH 31ST

9:00 AM - 3:00 PM



310-204-1980

\$130/DAY

169 N LA BREA AVE, LOS
ANGELES, CA 90036

INFO@LAGYMNASTICS.COM

WWW.LAGYMNASTICS.COM





169 N La Brea Ave
Los Angeles, CA 90036
(310)204-1980
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Cesar Chavez Day Camp March 31st



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



NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

Dear Los Angeles Gymnastics Parent,

Welcome and thank you for choosing LAGC as your primary Cesar Chavez Day Camp Program. You have made an excellent choice to enrich your child's gymnastics experience. The combination of gymnastics and activities will excite, delight, and motivate your child all season long. The following list will provide with information regarding policies and other concerns about our program. If you have any further questions about the camp, please contact our office at: (310)-204-1989. All children must be potty trained.

ATTENDANCE

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 account 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 in your child out and let LAGC 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 notify the office staff by phone or in writing with the name and description of the person..

EMERGENCY INFORMATION & RELEASE FORM

Please complete the emergency information sheets that must be complete before a camper can participate any activity. All applicants must include ALL pages from the camp handbook or will be considered incomplete.

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My child/children is/are enrolled at Los Angeles Gymnastics Center While attending the camp, LAGC and adult members of its staff are entrusted with the care of my child/children. I hereby give LAGC permission 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 LAGC and set forth my signature as evidence that I recognize all policies.

Print Name of Parent/Legal Guardian	Signature



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CAMP ATTENDANCE

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

Week 1-March 31st
Monday_____



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- 1) Rate: 9AM - 3PM is \$130 Daily.
- 2) Refunds are NOT permitted for Camp Services.
- 3) PLEASE carefully choose and secure your child's days

***NOTE: AFTERNOON ACTIVITIES SUBJECT TO CHANGE**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9AM 12PM	GYMNASTICS	GYMNASTICS	GYMNASTICS	GYMNASTICS	GYMNASTICS
12PM 1PM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1PM 3PM	DANCE/GAMES	DANCE/GAMES	DANCE/GAMES	DANCE/GAMES	DANCE/GAMES

Would you like your child paired with his/her friend? Please specify child's name :

_____ Due to spacing, no guarantees.



NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

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 Los Angeles Gymnastics Center I represent that I understand the nature of the 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 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 LAGC, 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 INDEMNIFY 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 LAGC to do what they deem necessary in my best interests.

Print Name of Parent/Legal Guardian	SIGNATURE	DATE



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

The undersigned do hereby authorize Los Angeles Gymnastics Center 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 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 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 rerouted to or from of involved or participating in any gymnastics program or activity of the Los Angeles Gymnastics Center ; unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Print Name of Parent/Legal Guardian	SIGNATURE	DATE



NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

MISCONDUCT PREVENTION POLICY AND PROCEDURE

PARENT ACKNOWLEDGEMENT

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 reasonably 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



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**Pre-payment *required*
for all campers.**

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WE ACCEPT



NO AMEX-WE DO NOT ACCEPT

Please note there is a 4% transaction fee for all credit cards.

**Enjoy a 4% discount when you pay with cash or Zelle
Just \$125 per day!**

Cardholder Full Name:	Credit Card Number:
Expiration Date:	CVC Code:
Address:	City, State, Zip:
Authorization Signature:	Date:
Hereby authorize the Los Angeles Gymnastics Center to charge my card in the amount of:	\$ _____



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