

Beverly Hills Gymnastics Center 2023 Summer Gymnastics Day Camp

Dear Gymnastics Camp parent,

Welcome and thank you for choosing BHG as your child's Summer Camp experience. 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. The following list will provide you with information regarding policies 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 BHG 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. BHG 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

DAILY SUMMER CAMP SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00am-12pm	Gymnastics	Gymnastics	Gymnastics	Gymnastics	Gymnastics
12pm-1:00pm	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:00-3:00pm	Sports/Yoga /Martial Arts	Sports/Yoga /Martial Arts	Sports/Yoga /Martial Arts	Sports/Yoga /Martial Arts	Sports/Yoga /Martial Arts
3:00-5pm	Late Care	Late Care	Late Care	Late Care	Late Care

PAYMENTS

FULL DAY

MONDAY – FRIDAY

9AM – 3PM

LUNCH

All campers are responsible for his/her lunch and snacks. Please pack all lunch in brown paper bags or lunch boxes with the name clearly marked for identification purposes. BHG provides coolers refrigerator, a vending machine with snacks ranging from \$1.25 to \$5.00. We will also have hot lunch Monday-Friday for \$10.00 (cash or check) or \$12.00 (by card). all lunch fees are due before your child starts camp in the front office. Please provide enough money or food for your child's appetite. Hot lunch is 2 slices of pizza, a drink, and fruit snack.

EXTENDED CARE CURRENTLY AVAILABLE

Extended care staff does not offer a grace period. Children will be placed in extended care directly after day camp is over. If you need late care, please indicate below. Late care starts at 3:00PM, rate is \$25 per hour. Pre-Payment for camp/early/late care is required. After 5:00 PM, Late care is \$1 per minute. Please include the time and dates you need extended care on the enclosed application.

ELECTRONICS

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

ACCOUNTS PAYABLE

- 1) Weekly rate M-F 9AM-3PM is \$350
- 2) Extended Care (3-5PM) is \$25 per hour.
- 3) Refunds are NOT permitted for Camp services.
- 4) PLEASE carefully choose & secure your child's days
- 5) Camp T-Shirts can be purchased for \$25 at the front desk

All listed prices are based on cash/check payment, a 4% convenience fee is applied to all credit cards.

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 Beverly Hills Gymnastics Center (BHG) and while attending the camp, BHG and the adult members of its staff are entrusted with the care of my child/children. I hereby give permission to the Beverly Hills Gymnastics Center 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 \$65 check fee and any further collection if needed.

I, the undersigned, understand all rules and regulations set forth by the Beverly Hills Gymnastics Center and set forth my signature as evidence that I recognize all policies stated herein. I also understand that BHG is not responsible for lost or stolen items.

Dated in Beverly Hills, California, this _____ day of _____ 2023

Signature of Parent or Legal

Guardian _____

Print Name _____

_____ **Non-Refundable Please initial Date**
BEVERLY HILLS GYMNASTICS CENTER

**2023 SUMMER GYMNASTICS DAY CAMP
CAMP ATTENDANCE**

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

Child's Name:

WEEK 1

(AUG 7-11) ____ Full Week

____ ExtCare 3-4PM ____ ExtCare 4-5PM

MON ____ TUES ____ WED ____ THUR ____ FRI ____

WEEK 2 (AUG 14-18) ____ Full Week

____ ExtCare 3-4PM ____ ExtCare 4-5PM

MON ____ TUES ____ WED ____ THUR ____ FRI ____

WEEK 3

(AUG 21-25) ____ Full Week

____ ExtCare 3-4PM ____ ExtCare 4-5PM

MON ____ TUES ____ WED ____ THUR ____ FRI ____

WEEK 4 (AUG 28-Sept 1) ____ Full Week

____ ExtCare 3-4PM ____ ExtCare 4-5PM

MON ____ TUES ____ WED ____ THUR ____ FRI ____

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Non-Refundable

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Please initial Date

Beverly Hills Gymnastics Center
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 _____

Beverly Hills Gymnastics Center
COVID-19 WAIVER

I, _____ do hereby acknowledge that I received the Beverly Hills Gymnastics Center COVID-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 releases 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 Beverly Hills 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 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 \$25.00**

