

BEVERLY HILLS GYMNASTICS



SPRING BREAK CAMP



MARCH 25 - APRIL 15

AND

APRIL 18-30

ENROLL TODAY!



(310)204-1980

WWW.BEVERLYHILLSGYMNASTICS.ORG

9135 W OLYMPIC BLVD, BEVERLY HILLS, CA 90212

✉ INFO@BEVERLYHILLSGYMNASTICS.ORG





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SPRING CAMP

DURATION: MARCH 25 - APRIL 15 and April 18-30



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

*If you plan on attending on a day-by-day basis, please specify which days by **CIRCLING** Full-Day, Mornings Only, or One-Day Camp.*

- Week 1 – March 25 - 29**
- Week 2 – April 1 - 5**
- Week 3 – April 8 - 12**
- Week 4 – April 15 and April 18-19**
- Week 5 – April 22 - 26**
- Week 6 – April 29 - 30**

➔ NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

Dear Beverly Hills Gymnastics Parent,

Welcome and thank you for choosing BHGC as your primary WINTER CAMP program. You have made an excellent choice to enrich your child's gymnastics experience. The combination of gymnastics, activities, will excite, delight and motivate your child all season long. The following list will provide you 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) 204-1980.

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 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 BHGC 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.

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. BHGC 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 your child in our snack shop. We will also have Hot Lunch on Monday-Friday at \$12.00/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 fruit juice.

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 Beverly Hills Gymnastics Center. While attending the camp, BHGC and the adult members of its staff are entrusted with the care of my child/children. I hereby give permission to BHGC 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 BHGC and set forth my signature as evidence that I recognize all policies stated herein. I also understand that BHGC is not responsible for lost or stolen items.

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 25-29

FULL WEEK ___ FULL DAY ___

MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY ___

Week 2 – April 1-5

FULL WEEK ___ FULL DAY ___

MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY ___

Week 3 – April 8-12

FULL WEEK ___ FULL DAY ___

MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY ___

Week 4 – April 15 and 18-19

FULL WEEK ___ FULL DAY ___

MONDAY ___ THURSDAY ___ FRIDAY ___

Week 5 – April 22-26

FULL WEEK ___ FULL DAY ___

MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY ___

Week 6 – April 29-30

FULL WEEK ___ FULL DAY ___

MONDAY ___ TUESDAY ___

- 1) Rate: 9AM - 3PM is \$100 daily
- 2) Refunds are NOT permitted for Camp services.
- 3) PLEASE carefully choose & secure your child's days
- 4) Camp T-Shirts can be purchased for \$25 at the front desk

*NOTE: AFTERNOON ACITIVITES 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 partnered 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 Beverly Hills Gymnastics Center 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 BHGC 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

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PARENT 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 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 Beverly Hills Gymnastics Center, 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 CREDIT CARD NUMBER [] MASTERCARD [] VISA [] CASH EXPIRATION CVC CODE	

I, _____, hereby authorize Beverly Hills Gymnastics to change my credit card account in the amount of \$ _____.

Print Name of Parent/Legal guardian	Signature	Date

➔ NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

MISCONDUCT PREVENTION 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

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T-shirt fee for all campers: \$25.00

PRINT FORM. COMPLETE AND SIGN FORM. ANY QUESTIONS, CALL 310-204-1980.

INCLUDE PHOTOCOPY OF CREDIT CARD (FRONT DESK). COPIER TO LIGHT SETTING OR IMAGE WILL FAX TO DARK.

INCLUDE COPY OF CARDHOLDER'S DRIVERS LICENSE.

FAX TO 310-204-6864

CLASS NUMBER	
CARD TYPE: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/>	
CREDIT CARD NUMBER	
EXPIRATION DATE	
CID (CARD ID #)	

CARDHOLDER NAME	COMPANY
ADDRESS	ADDRESS
CITY/STATE/ZIP	TELEPHONE
AUTHORIZATION TO CHARGE CREDIT CARD I, _____,	AUTHORIZATION SIGNATURE: _____

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→ NON-REFUNDABLE PLEASE INITIAL _____ DATE _____

HEREBY AUTHORIZE BEVERLY HILLS GYMNASTICS TO CHARGE MY CREDIT CARD IN THE AMOUNT OF: \$_____.	PRINT NAME: _____ DATE: _____
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 **NON-REFUNDABLE PLEASE INITIAL _____ DATE _____**

