BHGC

BEVERLY HILLS
GYMNASTICS CENTER

GYMNASTICS PRESIDENTS' DAY CAMP

FEB 15TH



MONDAY, FEBRUARY 15, 2027

9:00 AM – 3:00 PM

310-204-1980



9135 W OLYMPIC BLVD, BEVERLY HILLS, CA 90212

INFO@BEVERLYHILLSGYMNASTICS.ORG | BEVERLYHILLSGYMNASTICS.ORG

9135 W. Olympic Blvd, Beverly Hills, Ca 90212
(310) 204-1980 · www.beverlyhillsgymnastics.org

Presidents' Day Camp

Monday, February 15, 2027







CHILD'S NAME	CHILD'S AGE
ADDRESS	CITY/ZIP CODE
PARENT'S NAME	EMAIL
	PHONE

1) Time: 9am- 3pm
○ 2) $150 per day via Zelle
○ 3) $155 per day via Card

If you would like to pay by Zelle, exact instructions will be provided via phone call. Please do not send Zelle payments to our office number. Thank you.

_____
PARENT INITIAL(S)
ACKNOWLEDGEMENT

Camp Attendance

PLEASE CHECK THE DAY THAT YOUR CHILD WILL BE ATTENDING

CAMP DAY: MONDAY, FEBRUARY 15, 2027 · 9:00 AM – 3:00 PM

☐

MON 2/15
9:00 AM – 3:00 PM

NON-REFUNDABLE PLEASE INITIAL _____ **DATE** _____

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Dear Beverly Hills Gymnastics Parent,

Welcome and thank you for choosing BHGC as your primary **PRESIDENTS' 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) 204-1980. **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 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 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.

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

PRINT NAME OF PARENT/LEGAL GUARDIAN	SIGNATURE

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

TIME	DAILY
9AM – 12PM	GYMNASTICS
12PM – 1PM	LUNCH
1PM – 3PM	DANCE/GAMES

No nut-based products permitted under any circumstances to ensure the safety of sensitive campers with severe allergies.

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** _____

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Health Insurance is required for all campers (Both Domestic and foreign participants)

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 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 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 considered one 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 BHGC 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 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 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 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

Please inform us if your child requires an EpiPen and ensure one is provided for their use.

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



BEVERLY HILLS GYMNASTICS CENTER
KIDS CAMP BEHAVIORAL CONTRACT

At Beverly Hills Gymnastics Center, we strive to create a safe, fun, and positive environment for all campers. To ensure that everyone has an enjoyable experience, we have established the following behavioral expectations and a 3-strike rule.

Behavioral Expectations: FOR PERSONAL SPACE AND BOUNDARIES

1. **Respect:** Campers are expected to show respect to fellow campers, coaches, and staff members at all times. This includes listening to instructions, speaking kindly, and treating others with consideration.

2. **Safety:** Safety is our top priority. Campers must follow all safety guidelines, use equipment properly, and avoid any behavior that could harm themselves or others.

3. **Participation:** Campers are encouraged to actively participate in all activities, maintain a positive attitude, and try their best in every situation.

4. **Responsibility:** Campers are expected to take responsibility for their actions, including cleaning up after themselves and respecting the camp's property.

3-STRIKE RULE:

To maintain a positive environment, we enforce a 3-strike rule for behavioral concerns/boundaries:

1. **Strike 1: Verbal Warning**
 - The camper will receive a verbal warning from a coach or staff member. The incident will be documented, and parents/guardians will be informed.

2. **Strike 2: Temporary Removal and Discussion**
 - If the behavior continues, the camper will be temporarily removed from the activity. A discussion will be held with the camper, and parents/guardians will be notified to address the behavior.

3. **Strike 3: Suspension from Camp (No Refund)**
 - If the behavior persists after two strikes, the camper may be excused from the camp for a designated period or removed entirely. Parents/guardians will be informed immediately. Please note that no refund will be issued in the event of being asked to be excused.

Acknowledgment:

By signing below, you and your camper acknowledge and agree to abide by the behavioral boundaries and expectations and understand the policies outlined in this agreement, including the non-refundable policy in case of camp exclusion.

CAMPER'S NAME:	PARENT/GUARDIAN'S NAME:
DATE:	PARENT/GUARDIAN SIGNATURE:

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

WE ACCEPT

NO AMEX-WE DO NOT ACCEPT

CARDHOLDER FULL NAME:	CREDIT CARD NUMBER: NO AMEX-WE DO NOT ACCEPT
EXPIRATION DATE:	CVC CODE:
ADDRESS:	CITY, STATE, ZIP:
AUTHORIZATION SIGNATURE:	DATE:
Hereby authorize the Beverly Hills Gymnastics Center to charge my card in the amount of:	$ _____

Email to BHGC Print

NON-REFUNDABLE PLEASE INITIAL _____ **DATE** _____