



## **AUTHORIZATION OF FIELD TRIP: WEEK 1**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, June 20<sup>th</sup>, 2014 at King Neptune's Indoor Black Light Mini Golf with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches and walking through the parking lot. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_



## **AUTHORIZATION OF FIELD TRIP: WEEK 2**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, June 27<sup>th</sup>, 2014 at Hunt Club Farm with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through the parking lot, possibly crossing the street, and pony rides. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_



## **AUTHORIZATION OF FIELD TRIP: WEEK 3**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, July 3<sup>rd</sup>, 2014 at the bowling alley with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through parking lots, and possibly crossing the street. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_



## **AUTHORIZATION OF FIELD TRIP: WEEK 4**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, July 11<sup>th</sup>, 2014 at Ocean Breeze Water Park with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through parking lots, possibly crossing the street, and swimming. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_



## **AUTHORIZATION OF FIELD TRIP: WEEK 5**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, July 18<sup>th</sup>, 2014 at the Children's Museum with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through parking lots, and possibly crossing the street. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_



## **AUTHORIZATION OF FIELD TRIP: WEEK 6**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, July 25<sup>th</sup>, 2014 at the VA Sports Hall of Fame with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through parking lots, and possibly crossing the street. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_



## **AUTHORIZATION OF FIELD TRIP: WEEK 7**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, August 1<sup>st</sup>, 2014 at the Pirate Ship Adventures with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through parking lots, possibly crossing the street, and a boat ride. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_



## **AUTHORIZATION OF FIELD TRIP: WEEK 8**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, August 8<sup>th</sup>, 2014 at Virginia Aquarium with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through parking lots, and possibly crossing the street. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_





## **AUTHORIZATION OF FIELD TRIP: WEEK 9**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, August 15<sup>th</sup>, 2014 at the Norfolk Zoo with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through parking lots, and possibly crossing the street. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_



## **AUTHORIZATION OF FIELD TRIP: WEEK 10**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, August 22<sup>nd</sup>, 2014 at the Rock Climbing Gym with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through parking lots, and possibly crossing the street. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_



## **AUTHORIZATION OF FIELD TRIP: WEEK 11**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, August 29<sup>th</sup>, 2014 at the VA Living Museum with Excalibur Gymnastics coaches. The transportation used will be a 15 passenger rental van (depending on the number of children enrolled in this week of summer camp). This activity includes traveling with the coaches, walking through parking lots, and possibly crossing the street. I have explained to my son/daughter that all the activities during the field trip should be authorized by the coaches. In case of medical emergency, the coaches are authorized to request emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Number \_\_\_\_\_