



AUTHORIZATION OF FIELD TRIP: WEEK 1

I authorize my son/daughter, _____ to participate in the field trip this Friday, June 26th, 2015 at Jungle 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, July 3rd, 2015 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 10th, 2015 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 17th, 2015 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 _____

Please bring your child to camp wearing their swimsuit (under their clothes), sun screen, towel, packed lunch, and an extra drink.



AUTHORIZATION OF FIELD TRIP: WEEK 5

I authorize my son/daughter, _____ to participate in the field trip this Friday, July 24th, 2015 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 31st, 2015 at Botanical Gardens 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, playing in water, 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 _____

Please bring your child to camp wearing their swimsuit (under their clothes), sun screen, towel, packed lunch, and an extra drink.



AUTHORIZATION OF FIELD TRIP: WEEK 7

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 7th, 2015 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 14th, 2015 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 21st, 2015 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 28th, 2015 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, September 4th, 2015 at the Virginia 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 _____