

I authorize my son/daughter,	to participate in the field
trip this Friday, June 24th, 2016 at Jungle	Golf with Excalibur Gymnastics coaches. The
transportation used will be a 15 passeng	er rental van (depending on the number of
children enrolled in this week of summer c	amp). This activity includes traveling with the
coaches and walking through the parking lo	t. 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 re-	quest emergency treatment.
Parent/Guardian Signature	Date
Printed Name of Parent/Guardian	
Emergency Contact Number	Other Number



I authorize my son/daughter,	to participate in the field
I authorize my son/daughter,	Water Park with Excalibur Gymnastics
coaches. The transportation used will be a 15 pa	
number of children enrolled in this week of summe	er camp). This activity includes traveling
with the coaches, walking through parking lots, pos	ssibly 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 em	ergency, the coaches are authorized to
request emergency treatment.	
Parent/Guardian Signature	Date
D. A. I.V.	
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.



I authorize my son/daughter,	to participate in the field
trip this Friday, July 8 th , 2016 at the bowling	alley with Excalibur Gymnastics coaches. The
transportation used will be a 15 passenger	r rental van (depending on the number of
children enrolled in this week of summer ca	mp). This activity includes traveling with the
my son/daughter that all the activities durin	ossibly crossing the street. I have explained to ag the field trip should be authorized by the coaches are authorized to request emergency
Parent/Guardian Signature	Date
Printed Name of Parent/Guardian	
Emergency Contact Number	Other Number



I authorize my son/daughter,	to participate in the field
trip this Friday, July 15 th , 2016 at Hunt C	Club Farm with Excalibur Gymnastics coaches.
The transportation used will be a 15 pass	enger 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 a	ll the activities during the field trip should be
authorized by the coaches. In case of med	dical emergency, the coaches are authorized to
request emergency treatment.	
Parent/Guardian Signature	Date
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Printed Name of Parent/Guardian	
Emergency Contact Number	Other Number



I authorize my son/daughter,	to participate in the field
trip this Friday, July 22 nd , 2016 at the Childre	n'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 sumn	ner 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 ac	tivities during the field trip should be
authorized by the coaches. In case of medical e	mergency, the coaches are authorized to
request emergency treatment.	
Parent/Guardian Signature	Date
i arciii/Quaruian Signature	Datt
Printed Name of Parent/Guardian	
Emergency Contact Number	Other Number



I authorize my son/daughter,	to participate in the field
trip this Friday, July 29th, 2016 at Botanical	to participate in the field Gardens with Excalibur Gymnastics coaches.
The transportation used will be a 15 passe	nger rental van (depending on the number of
coaches, walking through parking lots, possiboat ride. I have explained to my son/daug	amp). This activity includes traveling with the ably crossing the street, playing in water, and a hter that all the activities during the field trip case of medical emergency, the coaches are
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.



[authorize my son/daughter,	to participate in the field
trip this Friday, August 5 th , 2016 at the Pir	rate 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 o	f summer camp). This activity includes traveling
with the coaches, walking through parking	ng lots, possibly crossing the street, and a boar
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 m	edical emergency, the coaches are authorized to
request emergency treatment.	
Parent/Guardian Signature	Date
<u> </u>	
Printed Name of Parent/Guardian	
Emergency Contact Number	Other Number



I authorize my son/daughter,	to participate in the field
trip this Friday, August 12 th , 2016 at Virgir	nia Aquarium with Excalibur Gymnastics
coaches. The transportation used will be a 1	5 passenger rental van (depending on the
number of children enrolled in this week of sun	nmer camp). This activity includes traveling
with the coaches, walking through parking lo explained to my son/daughter that all the authorized by the coaches. In case of medical request emergency treatment.	activities during the field trip should be
Parent/Guardian Signature	Date
Printed Name of Parent/Guardian	
Emergency Contact Number	Other Number



[authorize my son/daughter,	to participate in the field
rip this Friday, August 19 th , 2016 at the N	orfolk Zoo with Excalibur Gymnastics coaches
The transportation used will be a 15 passo	enger rental van (depending on the number of
children enrolled in this week of summer o	camp). This activity includes traveling with the
my son/daughter that all the activities dur	possibly crossing the street. I have explained to ring the field trip should be authorized by the e coaches are authorized to request emergency
Parent/Guardian Signature	Date
Printed Name of Parent/Guardian	
Emergency Contact Number	Other Number



I authorize my son/daughter,	to participate in the field
trip this Friday, August 26th, 2016 at the R	lock 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
explained to my son/daughter that all t	g lots, and possibly crossing the street. I have the activities during the field trip should be lical emergency, the coaches are authorized to
Parent/Guardian Signature	Date
Printed Name of Parent/Guardian	
Emergency Contact Number	Other Number



I authorize my son/daughter,	to participate in the field
trip this Friday, September 2 nd , 2016 at the	Virginia Living Museum with Excalibur
Gymnastics coaches. The transportation used w	vill be a 15 passenger rental van (depending
on the number of children enrolled in this wee	k of summer camp). This activity includes
traveling with the coaches, walking through par have explained to my son/daughter that all the authorized by the coaches. In case of medical request emergency treatment.	e activities during the field trip should be
Parent/Guardian Signature	Date
Printed Name of Parent/Guardian	
Emergency Contact Number	Other Number