



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

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, June 24<sup>th</sup>, 2016 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 1<sup>st</sup>, 2016 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 3**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, July 8<sup>th</sup>, 2016 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 15<sup>th</sup>, 2016 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 5**

I authorize my son/daughter, \_\_\_\_\_ to participate in the field trip this Friday, July 22<sup>nd</sup>, 2016 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 29<sup>th</sup>, 2016 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 5<sup>th</sup>, 2016 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 12<sup>th</sup>, 2016 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 19<sup>th</sup>, 2016 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 26<sup>th</sup>, 2016 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 2<sup>nd</sup>, 2016 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 \_\_\_\_\_