



AUTHORIZATION OF FIELD TRIP: WEEK 1

I authorize my son/daughter, _____ to participate in the field trip this Friday, June 23rd, 2017 at 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 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 30th, 2017 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, 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 _____

Please bring your child to camp wearing sun screen.



AUTHORIZATION OF FIELD TRIP: **WEEK 3**

I authorize my son/daughter, _____ to participate in the field trip this Friday, July 7th, 2017 at the Virginia Beach Rock 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 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 4

I authorize my son/daughter, _____ to participate in the field trip this Friday, July 14th, 2017 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 the parking lot, 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 21st, 2017 at The 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 the parking lot, 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 28th, 2017 at the Childrens 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 7

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 4th, 2017 at the Norfolk 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, 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 _____

Please bring your child to camp wearing sun screen.



AUTHORIZATION OF FIELD TRIP: WEEK 8

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 11th, 2017 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 _____

Please bring your child to camp wearing sun screen.



AUTHORIZATION OF FIELD TRIP: WEEK 9

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 18th, 2017 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 10

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 25th, 2017 at Virginia Air and Space Center 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 1st, 2017 at Virginia Beach Rock 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 _____