



Excalibur Gymnastics
National Training Center

AUTHORIZATION OF FIELD TRIP: WEEK 0

I authorize my son/daughter, _____ to participate in the field trip this Friday, June 22nd, 2012 at Carolanne Farms Pool with Excalibur Gymnastics coaches. The transportation used will be a rental van. 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 _____



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National Training Center

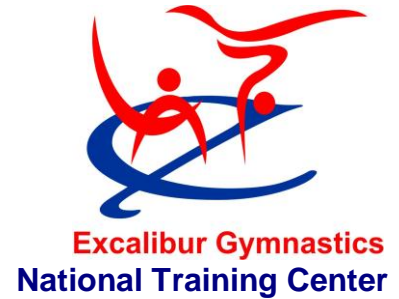
AUTHORIZATION OF FIELD TRIP: WEEK 1

I authorize my son/daughter, _____ to participate in the field trip this Friday, June 29th, 2012 at the Park with Excalibur Gymnastics coaches. The transportation used will be a rental van. 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 2

I authorize my son/daughter, _____ to participate in the field trip this Friday, July 6th, 2012 at Ocean Breeze Water Park with Excalibur Gymnastics coaches. The transportation used will be a rental van. 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 _____



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AUTHORIZATION OF FIELD TRIP: WEEK 3

I authorize my son/daughter, _____ to participate in the field trip this Friday, July 13th, 2012 at the Hunt Club Farm with Excalibur Gymnastics coaches. The transportation used will be a rental van. This activity includes traveling with the coaches, walking through parking lots, possibly crossing the street, petting farms, 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 _____



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AUTHORIZATION OF FIELD TRIP: WEEK 4

I authorize my son/daughter, _____ to participate in the field trip this Friday, July 20th, 2012 at the Children's Museum with Excalibur Gymnastics coaches. The transportation used will be a rental van. 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 _____



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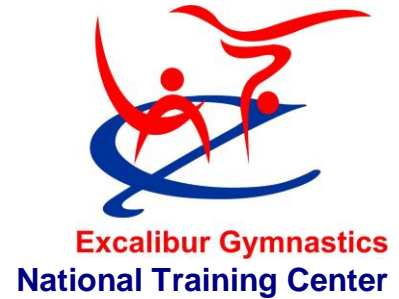
AUTHORIZATION OF FIELD TRIP: WEEK 5

I authorize my son/daughter, _____ to participate in the field trip this Friday, July 27th, 2012 at Cinema Café with Excalibur Gymnastics coaches. The transportation used will be a rental van. 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 _____



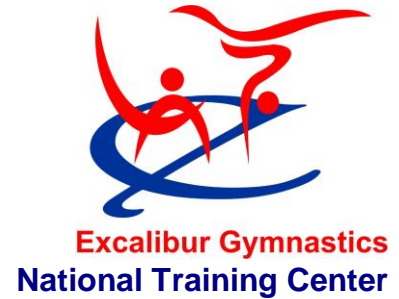
AUTHORIZATION OF FIELD TRIP: WEEK 6

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 3rd, 2012 at the American Rover with Excalibur Gymnastics coaches. The transportation used will be a rental van. 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 7

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 10th, 2012 at the Virginia Zoo with Excalibur Gymnastics coaches. The transportation used will be a rental van. 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 _____



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AUTHORIZATION OF FIELD TRIP: WEEK 8

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 17th, 2012 at the Virginia Aquarium with Excalibur Gymnastics coaches. The transportation used will be a rental van. 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 _____



Excalibur Gymnastics
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AUTHORIZATION OF FIELD TRIP: WEEK 9

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 24th, 2012 at Botanical Gardens with Excalibur Gymnastics coaches. The transportation used will be a rental van. This activity includes traveling with the coaches, walking through parking lots, possibly crossing the street, and a boat tour. 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 _____



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AUTHORIZATION OF FIELD TRIP: WEEK 10

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 31st, 2012 at Jungle Golf at the beach with Excalibur Gymnastics coaches. The transportation used will be a rental van. This activity includes traveling with the coaches, walking through parking lots, crossing the street, and possibly 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 _____