



AUTHORIZATION OF FIELD TRIP: WEEK 1

I authorize my son/daughter, _____ to participate in the field trip this Friday, June 21st, 2013 at Laser Quest 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 28th, 2013 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 5th, 2013 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 _____



AUTHORIZATION OF FIELD TRIP: WEEK 4

I authorize my son/daughter, _____ to participate in the field trip this Friday, July 12th, 2013 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 _____



AUTHORIZATION OF FIELD TRIP: WEEK 5

I authorize my son/daughter, _____ to participate in the field trip this Friday, July 19th, 2013 at the Air and Space 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 26th, 2013 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 7

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 2nd, 2013 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 8

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 9th, 2013 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 9

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 16th, 2013 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 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 23rd, 2013 at Jungle Golf at the beach 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, 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 _____



AUTHORIZATION OF FIELD TRIP: WEEK 11

I authorize my son/daughter, _____ to participate in the field trip this Friday, August 30th, 2013 at Mount Trashmore 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, 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 _____