

Field Trip Permission Form – REQUIRED FOR PARTICIPATION

Magnitude 10.0 Gymnastics, LLC

By signing this form, I give my permission for my child/children _____ and _____ and _____ to attend (if applicable) activities off-site with the camp staff of Magnitude 10.0 Gymnastics. I understand that the participants will drive only to & from Magnitude 10.0 Gymnastics to the off-site location. I understand that all fees are included in the summer camp rate. In case of emergency, I give permission for my child to receive medical treatment. In case of such emergency, please contact:

Name _____ Phone(s) _____

Parent/Guardian **PRINTED** Name _____ Date _____

Parent/Guardian **SIGNATURE** _____

The entire summer camp group may participate in activities off-site. Locations (if applicable) are TBD.

This permission slip must be signed in order for your child/children to participate.

*All drivers carry full auto insurance and are covered under Magnitude 10.0 Gymnastics insurance coverage.

**Please leave your child's booster seat (if applicable) inside of the front door at the gym. Please make sure that your child's name is visibly listed on the booster seat. Each child will either be seated in booster seat or in a seat with a seat belt.

While gone, we can be contacted via a cell # which will be provided at the time of the event.

*****Please inform us in regards to any special conditions which may pertain to your child/children.**

Please provide a list of individuals that are authorized to pick up your child (or children). Each day you drop off, you will be required to sign in and provide the name of the person who will be picking the child (or children) up. If that changes during the day, you will need to contact the gym (883-5166) or magnitudegymnastics@comcast.net with the name of the person who will be picking up your child (or children). **If someone other than a person listed on the authorized list shows up, we will not release the child until we have contacted you.** This procedure is designed with the safety of your child (or children) in mind so please provide us with a thorough list of authorized individuals your child may leave with. *Please also inform each of your authorized individuals to bring a picture ID with them as we will not release children to anyone who does not present proper identification.*

AUTHORIZED INDIVIDUAL(S):

NAME _____ **PHONE NUMBER(S)** _____

RELATIONSHIP _____ **D.L. #** _____

NAME _____ **PHONE NUMBER(S)** _____

RELATIONSHIP _____ **D.L. #** _____

NAME _____ **PHONE NUMBER(S)** _____

RELATIONSHIP _____ **D.L. #** _____