

Rising Stars Gymnastics Academy

520 Hayward Avenue North
Oakdale, MN 55128
www.risingstarsgym.com
(651) 730-4376

Field Trip Agreement

Today's Date: _____

Date of Field Trip: _____ Time: _____ to _____

Length of Field Trip: 1 hour (\$10.00/child)

How many guests are expected: _____ Ages of children attending: _____

Contact Name: _____

Address: _____ City/ST: _____ Zip: _____

Daytime Phone No: _____ Other Phone No: _____

**Special Notes: _____

Policies I Agree to Adhere to:

My signature below signifies my agreement to these rules:

1. There will be **NO** adults on the equipment. Adults chaperoning will assist instructor(s) as needed/directed.
2. Every participant must have a signed waiver to participate in the gym activities **before** the field trip begins.
3. The number of children attending needs to be confirmed **1 week prior** to the date of the field trip. We assign coaches based upon the number of students attending. There will be no refund for absent students. The field trip must be paid in full **1 week before** the field trip begins.
4. Chaperones of the group are invited to take photos and videotape the field trip in the gym.
5. **Field Trip deposits are non-refundable.**

Signature

Date

Office Use:

Contacted prior to Field Trip on (Date) _____

Field Trip Total Guest Count # _____ Waivers collected # _____

Cost of Trip: \$ _____

Deposit \$ _____ Date: _____ Type of Payment _____

Balance \$ _____ Date: _____ Type of Payment _____