

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: (circle one) 1 hour (\$8.00/child) 1 ¼ hours (\$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. Chaperones of the group are invited to take photos and videotape the field trip in the gym.
4. **Field Trip deposits are non-refundable.**
5. The field trip must be paid in full **1 week before** the field trip begins.

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 _____