



Field Trip Event Contract

Please Fill Out All Highlighted Sections

Requested Date/Time: _____

Number of students participating: _____

Financially Responsible Name: _____

Financially Responsible Phone: _____

Email: _____

Of Students Per Age Range:

PS (3-5yrs): _____

Elem (6-11yrs): _____

Youth (12yrs+): _____

Contract taken by: _____

Estimated Cost: _____

Deposit total: _____ Date Paid: _____ Balance remaining: _____

Recurring Event (y/n): _____ If yes, frequency: _____

Coach(es): _____

Office Use Only

As the financially responsible party for this field trip, I understand that this form and a \$50.00 non-refundable deposit is required to hold my class's scheduled day & time and that I am responsible for the remaining balance at the time of the field trip. SAGA field Trips are for one hour in the gym & pricing may vary on the number of students attending.

# of kids	Cost
0-10	\$75.00
11-15	\$112.50
16-20	\$150.00
21-25	\$187.50
26-30	\$225.00

I understand that my field trip will begin at the scheduled time and that there will not be an extension for late arrivals. Field Trips are structured and require an authorized SAGA Instructor. As such, I understand that students attending my scheduled class are not permitted in the gym without an authorized SAGA Instructor.

A parent/guardian must sign a guest release form for their child on or before the date of the event. **The guest release form is on the back of this contract.** Students without a release form will not be able to participate.

Financially Responsible Party Signature: _____

Date: _____

Reminders:

- Dress code: athletic wear, no jeans or clothing with buttons, zippers, or belt loops. Long hair should be pulled back in a pony tail,



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[Individual Waiver for Parents]

-FIELD TRIP- WAIVER

Permission to Participate

I understand, am fully aware of, and recognize the inherent risks, including the possibility of catastrophic injury, as well as other damages and losses associated with participation in the sport of gymnastics. I assume these risks on behalf of my child and myself. I further agree that Sandia Acrobatic Gymnastics Academy, along with the employees, officers, and directors of this organization, shall not be liable for any losses or damages occurring as a result of participation in its gymnastics program. I hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc. until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

*By signing in below, you are agreeing to the above waiver

I, _____ parent of _____ agree to the statement above

Signature

Date

Phone#