

Field Trip Event Contract

Please Fill Out All Highlighted Sections				
Requested Date/Time:		Contract taken by:		
Number of students participating:		Estimated Cost:		
Financially Responsible Name:		Deposit total: Date Paid: _	Balance remaining:	
Financially Responsible Phone:		Recurring Event (y/n): If yo	es, frequency:	
Email:		Coach(es):		
# Of Students Per Age Range:				
PS (3-5yrs):	Elem (6-11yrs):	Youth (12yr	'S ⁺):	
s the financially responsible party fo	- /			
ny class's scheduled day & time and	•	e	ld trip. SAGA field Trips are fo	
ne hour in the gym & pricing may va	ary on the number of students atte	ending.		
# of kids		Cost		

# 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,



Permission to Participate & Waivers

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 and assume the 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 myself or my child in the event of accident, injury, sickness, etc. until such time as I may be contacted or can give consent. I also assume the responsibility for the payment of any such treatment. I also understand and acknowledge that under the current State Mandates everyone ages 3 and older is required to wear a face mask upon entering the gym, including while exercising.

In addition, I understand and certify that in the last 24 hours, no one in my household has experienced:

- Fever
- Fatigue
- Cough
- Sneezing
- Aches & pains

- Runny or stuffy nose
- Sore throat
- Diarrhea
- Headaches
- Shortness of breath

- I have <u>not</u> been in close contact with anyone exhibiting any of the mentioned symptoms
- I have <u>not</u> been in contact with anyone who has tested positive for Covid-19

By signing in, I hereby certify that the above statements are true.

I affirm that I have followed all NM mandates and social distancing practices to minimize possible exposure to Covid-19. I also understand that SAGA Gymnastics is not liable for any exposure to, medical fees as a result of, or any issues related to Covid-19. Additionally, I understand that if I have NOT followed NM mandates or have not followed Covid-19 safe practices, I may be asked to self-quarantine.

Child's Name	Age	Phone Number	Date	Parent/Guardian Signature



Field Trip Contract Contract

[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

Singature Date Phone#