



9179 Red Branch Road Columbia, MD 21045 (410) 992-1600

ENJOY A FIELD TRIP AT TOP FLIGHT GYMNASTICS

Top Flight Gymnastics Center offers Field Trips for a fun time at our facility. The invitation is for children 3 to 6 years of age to participate in a 45 minute class at a cost of \$7 per student. Field trips include tumbling, trampoline, climbing gym, trapeze, loose form pit and parachute. Exact activities will be determined according to the size of the group and ages of the students. Field trips are Tuesday-Friday in the mornings and early afternoon.

Confirm the trip by completing this form. The parents or guardian of every child attending the field trip need to sign the release form. These forms may be brought with you on the day of the trip. Payment is due at the time of the field trip. Cash, checks, Visa and MasterCard are accepted

Parent Pointers:

Arrive 10 minutes before scheduled field trip.

Students should remove socks and shoes and place in a locker.

When ready, please have students line up at the gym door and Top Flight staff will take them into the gym.

Parents may want to watch from the lobby and may take group pictures at the end of the field trip.

Top Flight does not follow Howard County school closures. Please call to confirm field trip if there is inclement weather.

Return This Form to Top Flight Gymnastics

E-mail: <mailto:info@topflightgym-md.com>

Fax: 410-992-6832

Name of School: _____

Address: _____

Contact Person: _____ Phone: _____

Email: _____

Trip Date: _____

Time: _____

Number of Children: _____

Ages: _____

Total Amount Due: _____

Cost per Child is \$7.

Top Flight Gymnastics Center
9179 Red Branch Road Columbia, MD 21045
410-992-1600.



9179 Red Branch Road Columbia, MD 21045 (410) 992-1600

Your child's class is scheduled for a field trip to Top Flight Gymnastics on

Date and Time: _____

Return this release agreement to your teacher by _____

Top Flight Gymnastics is located at 9179 Red Branch Road Columbia, MD 20145. The phone number is 410-992-1600 and the web address is www.topflightgym-md.com

Your field trip will include 45 minutes of activity tumbling, trampoline, climbing gym, trapeze, loose form pit and parachute. Please have your child wear comfortable, athletic style clothing. Children with long hair should have their hair tied back. The cost is \$7.00 per child.

Child's Name _____

Home Phone _____

Parents' Name _____

Work/Cell Phone _____

I give approval for _____'s participation in any and all activities of the Top Flight Gymnastics program.

I hereby forever waive, and forever release and discharge Top Flight Gymnastics Center, their officers, directors, employees and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities.

As a student, or parent or guardian of a student, it is my option to consult a physician for assurance of proper health and am encouraged to do so by Top Flight Gymnastics Center.

I authorize the representatives of Top Flight Gymnastics Center to provide any emergency medical services that may be required due to an injury during any activity at or for Top Flight Gymnastics Center.

I understand that participation is entirely by my own choice and with the understanding that there are risks and the possibility of accidental injury, paralysis, and even death in any activity involving motion or height.

Top Flight Gymnastics Center is not responsible whatsoever for anything that happens before or after the student's designated class, camp, or open gym.

The undersigned parents or guardians, for and in further consideration of the Top Flight Gymnastics Center program accepting said participant, hereby agree to save and indemnify and keep harmless the said Top Flight Gymnastics Center, its agents and sponsors, against any and all liability claims, judgments or damage arising as a result of injuries sustained by the participant during or as a result of any course of instruction or supervision given the participant by Top Flight Gymnastics Center.

I do hereby verify that I have read and understand and accept each of the above policies, terms and conditions shown by my signature below.

Parent/Guardian Signature

Date