



# THE VICTORS GYMNASTICS, INC.

675 Ling Road, Greece, NY 14612 • 585.663.4810

## PRESCHOOL FIELD TRIP PROGRAM AGREEMENT

The following agreement constitutes the terms and conditions for The Victors Gymnastics' Preschool Field Trip Program. The Preschool Field Trip Program is offered at The Victors Gym to meet the needs of preschools and preschool club organizations.

**PROGRAM:** A field trip is a 75-minute, instructor-facilitated program designed for preschool students, ages 2 – 6 years old. Students will be introduced to preschool gymnastics activity and skills on age-appropriate equipment. Equipment is set-up in a series of various stations that make-up an obstacle course. With the guidance of an instructor, students and preschool helpers will learn the skills at each station. Then, students will be given the opportunity to have fun accomplishing the obstacle course at their own pace. Safety guidelines and spotting techniques will be reviewed and enforced where required. The field trip will conclude with a tour of the "big gym" and time for questions and answers.

**PARTICIPANTS:** The program is designed for preschool students, ages 2 – 6 years old. A group size of at least 10 students and no more than 30 students is most effective and therefore recommended. Preschools or clubs are asked to provide one helper for every 6 students to assist the instructor during activities. Students and helpers are asked to wear loose-fitting clothes, free of any sharp objects or jewelry, and come prepared to participate.

**PRICING:**

Up to 10 students:	\$100.00 for the group rate
11 to 20 students:	\$100.00 for the first 10 students, plus \$8.00 for each additional student
21 to 30 students:	\$180.00 for the first 20 students, plus \$6.00 for each additional student

**PAYMENTS:** A \$40.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO SCHEDULE AND RESERVE A FIELD TRIP DATE. The remaining balance is due the day of the field trip. Payments can be made by cash or check, at the gym or by mail. If paying by check, we ask that a single check payable to "THE VICTORS GYMNASTICS" be issued by the preschool or club organization (no individual or personal checks). A \$20.00 fee will be charged for returned checks.

**SCHEDULING:** Preschool field trips may be scheduled on Wednesday mornings from 10:15 – 11:30 AM. We ask that you call the gym at least 4 weeks in advance to reserve an available day and time or request an alternative schedule. ALTERNATIVE DAY AND TIME SCHEDULES MAY BE REQUESTED; HOWEVER, ARE SUBJECT TO THE GYM DIRECTOR'S APPROVAL.

**FIELD TRIP INFO:** Date of Field Trip: \_\_\_\_\_ Scheduled Time: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Range of Student's Ages: \_\_\_\_\_

Number of Helpers: \_\_\_\_\_ *(Please provide one helper for every 6 students)*

**ACCEPTANCE:**

_____	_____
Representative's Name (Print)	Representative's Title (Print)
_____	_____
Representative's Signature	Date

## CLUB WAIVER AND RELEASE

We, the staff of The Victors Gymnastics, Inc. recognize our obligation to make those who request to use our facilities aware of the risks and hazards associated with the sport of gymnastics. Although safety is first and foremost and safety precautions are taken, participants may suffer injuries, possibly minor, serious, or catastrophic in nature. Your Preschool Organization and its representatives should make students aware of the possibility of injury and encourage their students to follow all safety rules and their advisors' instructions.

The Victors Gymnastics, Inc., its officers, instructors, and other staff members, will not accept responsibility under any circumstances for injuries sustained by any of your Preschool Organization representatives, parents, or students during the course of their field trip at The Victors Gym. With this in mind, and being fully aware of the risks and possibility of injury involved, I the undersigned consent to have our Preschool Organization and our students participate in the agreed to, field trip offered by The Victors Gymnastics, Inc.

I, my executors, or other representatives, waive and release all rights and claims for damages that I, any participant, or advisor may have against The Victors Gymnastics, Inc. and or its representatives whether paid or volunteer. I understand that it is our Preschool Organization and its representatives' responsibility to warn students about the dangers of gymnastics and injury. Our Preschool Organization advisors should warn our students according to what we feel is appropriate.

### Preschool Organization Acceptance:

\_\_\_\_\_  
Name of Preschool Organization (Print)

\_\_\_\_\_  
Officer's Name (Print)

\_\_\_\_\_  
Officer's Title (Print)

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

### The Victors Gymnastics, Inc.:

\_\_\_\_\_  
Officer's Name

\_\_\_\_\_  
Officer's Title

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

# PARENT OR GUARDIAN CONSENT FORM

\_\_\_\_\_  
Child's Name (Print)

We, the staff of The Victors Gymnastics, Inc. recognize our obligation to make those who request to use our facilities aware of the risks and hazards associated with the sport of gymnastics. Although safety is first and foremost and safety precautions are taken, participants may suffer injuries, possibly minor, serious, or catastrophic in nature. Your Preschool Organization and its representatives should make students aware of the possibility of injury and encourage their students to follow all safety rules and their advisors' instructions.

The Victors Gymnastics, Inc., its officers, instructors, and other staff members, will not accept responsibility under any circumstances for injuries sustained by any of your Preschool Organization representatives, parents, or students during the course of their field trip at The Victors Gym. With this in mind, and being fully aware of the risks and possibility of injury involved, I the undersigned consent to have my child participate in the agreed to, field trip offered by The Victors Gymnastics, Inc.

I, my executors, or other representatives, waive and release all rights and claims for damages that I, my child or others may have against The Victors Gymnastics, Inc. and or its representatives whether paid or volunteer. I understand that I as a parent or guardian, our Preschool Organization and its representatives' jointly hold the responsibility to warn my child about the dangers of gymnastics and injury. Parents and our Preschool Organization advisors should warn my child according to what we feel is appropriate.

\_\_\_\_\_  
Parent or Guardian's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date