



740 Orange Avenue,  
Altamonte Springs, Florida 32714  
407-869-8744

**FIELD TRIP REGISTRATION TENTATIVE SELECTION**

**Age's 4-5 yrs ONLY on week 1- 2- 4 -7- 9.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

\*Please select the field trip you want your child to attend.

**All field trips MUST BE PAID IN ADVANCE & WILL BE CHARGED WHEN THE FORM IS TURNED IN. SPACE IS LIMITED!**

**No refunds, cancellations, or credits for field trips.**

\*LUNCH will be provided for CHUCKIE CHEESE, & THE CRAYOLA CENTER (Pizza only!).

\*Disposable lunches ONLY in large Ziplock bags or Brown bags ONLY, with child's name. Please include drinks.

WEEK	DATE	PLACE	COST	Check Box
Week 1	6/06/2025	Movie at the month	\$30	
Week 2	6/13/2025	Science Center	\$35	
Week 3	6/20/2025	Sea Life & Museum	\$40	
Week 4	6/27/2025	Crayola Center	\$40	
Week 5	7/11/2025	Chocolate Factory	\$40	
Week 6	7/18/2025	Aloma Bowling	\$20	
Week 7	7/25/2025	Chuckie Cheese	\$25	
Week 8	8/01/2025	Mary ballon	\$30	
Week 9	8/08/2025	Movie of the Month	\$30	

**\*Permission slips must be completed by parents prior to your child attending any field trip accompanied by release form. These are in the front office. If this is not completed your child will NOT attend. All payments are final.**

Total amount due: \_\_\_\_\_ Date Paid: \_\_\_\_\_



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**FIELD TRIP PARENT/NATURAL GUARDIAN PERMISSION FORM**

Student's Name:	Age/DOB:
Date(s) of Field Trip: <b>See Selected Dates</b>	Teacher: <b>On Duty Staff</b>
Destination of Field Trip: <b>Scheduled per Calendar</b>	Description/Purpose of Field Trip: <b>Entertainment</b>
Departure Time: <b>See Calendar</b>	Anticipated Return Time: <b>See Calendar</b>

During this field trip students will be exposed to the sun. Parents/guardians should ensure that sunscreen is applied before students leave home.

Academy Rules—All academy rules apply while students are on a field trip. Should your child choose to break a rule, you may be contacted to pick him/her up immediately. All field trips shall be tobacco and alcohol/drug free.

Appropriate Dress—Students and chaperones are expected to dress according to the type of field trip planned. Appropriate dress for this trip is: **Browns provides all students with a camp shirt. This shirt must be worn for all camp field trips. If any child is not wearing this shirt, the child's account will be charged \$10.00 for a new shirt.**

READ THE NOTICE TO MINOR CHILD'S NATURAL GUARDIAN ON THE BACK OF THIS SHEET AND RETURN TO YOUR CHILD'S TEACHER BY: **Space is limited for each field trip. Please see weekly updates for deadlines.**

Special Needs (check one):

My child has a medical condition and/or medication of which the school should be aware, which I have explained by completing the Medical Information Form (attached).

My child has NO special needs for this trip.

**NOTICE TO THE MINOR CHILD'S  
NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ALVAREZ & SANCHEZ, LLC D/B/A BROWN'S GYM ORBIT SPORTS ACADEMY, ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ALVAREZ & SANCHEZ, LLC D/B/A BROWN'S GYM ORBIT SPORTS ACADEMY, ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ALVAREZ & SANCHEZ, LLC D/B/A BROWN'S GYM ORBIT SPORTS ACADEMY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Section 744.301, Florida Statutes

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FIELD TRIP MEDICAL INFORMATION

Student's Name:	Age/DOB:
Name of Insurance Provider:	Policy Number and Contact Information:
Doctor's Name:	Doctor's Telephone Number:
List any ailments, disabilities, health issues or problems involving your child which might affect his/her participation in the field trip: Asthma _____ Ear Infection _____ Sleepwalking _____ Allergies _____ Epilepsy _____ Sinus _____ Bronchitis _____ Heart disease _____ Other: _____	Please explain any checked items needing clarification (e.g., "Allergies" or "Other"): _____ _____ _____ _____ _____

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**All medication is to be administered by the trip supervisor or teacher/staff chaperone. Medication must be clearly labeled with the student's name, the name of the medication, what it is to be used for, how it is to be given, the quantity to be given, and the time(s) of day/night it is to be given. Only the amount of medication required for the duration of the trip should be provided.**

Name of medication: \_\_\_\_\_  
 What it is to be used for: \_\_\_\_\_  
 How it is to be given: \_\_\_\_\_  
 Quantity and times to be given: \_\_\_\_\_  
 Comments: \_\_\_\_\_

By my signature below, I am requesting that the trip supervisor or teacher/staff chaperone administer this (these) medication(s) as directed above.

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the trip supervisor to provide treatment for my child named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:**  
**(please print clearly): Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_