

REGISTRATION FORM FOR SPECIAL ACTIVITIES AND FIELD TRIPS
St. Mary's Youth Group

Parish/Location: St. Mary Church, 830 5th Ave., Alpha, NJ 08865

Cost: \$0

Activity Trip: Overnight Cardboard City

Supervising Adult: Mindy Sweeney (908-872-8562)

Meeting Date/Time: September 24 & 25, 2016

Meet at: PC-Time: 3:30PM Return: 7:00AM

This portion to be completed by parent or guardian

Student Name: _____ Grade: _____

Parent/Guardian: _____ Home #: _____

Address: _____ City: _____ State: _____ zip: _____

Health Ins. Co.

Policy#: _____

Please indicate any special medical problems; dietary needs or allergies:

Family Physician: _____ Phone: _____

Parent/Guardian: Please read carefully and sign below

I request that my son/daughter participate in the above-described activity and consent to the mode of transportation as indicated.

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the above-named church to act on my behalf and approve appropriate treatment.

I specifically waive claim or claims that may be derived from any accident or injury sustained by my son/daughter en route, during and returning from the activity. I further agree to indemnify and save harmless the above-named church, the Catholic Diocese of Metuchen, their staff, and all adult supervisors working on their behalf.

I further understand that parish representatives are NOT permitted to dispense medication.

During the hours of this trip, I can be reached at (Phone #): _____

Signature: _____ Date: _____

