

**REGISTRATION FORM FOR SPECIAL ACTIVITIES AND FIELD TRIPS**  
DIOCESE OF METUCHEN - OFFICE OF YOUTH AND YOUNG ADULT MINISTRY

This portion is to be completed by parish representative prior to duplication

Parish / Location ST. FRANCIS CATHEDRAL City METUCHEN  
Activity Food Bank Cost per student \$ 0.00  
Destination Hillside, Newark (Coord. Faye Kuln) Phone 908-242-3944  
Supervising Adult(s) Sr. Maria Lan Nguyen Phone / Cell # 732-770-2506  
Drop-Off Date/Time Sat Jan 7. 19 @ 8:15 am Pick-Up Date /Time Sat Jan 7, @ 1:00 pm  
Mode of Transportation Your Own – Meet in CYO Parking Lot \*

This portion to be completed by parent or guardian

Student Name \_\_\_\_\_ Age \_\_\_\_\_  
Parent / Guardian \_\_\_\_\_ Phone home / cell \_\_\_\_\_  
Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
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 any and all claims of any nature I may have against the above named Church and/or school, the Roman Catholic Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to , staff and adult supervisors) relating to or arising out of the above described activity including, but not limited to , claims that may be derived from any accident or injury sustained by my son / daughter en route to , during, and/or returning from the activity.

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

During the hours of this trip / activity I can be reached at phone/cell number \_\_\_\_\_

Signature of parent / guardian N/A Date \_\_\_\_\_

Notary Signature (if necessary) N/A Date \_\_\_\_\_

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**\* Bring money for Lunch. Wear tennis shoes/sneakers – NO open toes  
(Return form by Dec. 20.)**