

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 NY Christmas Trip Cost per student \$65/ \$75/ \$85
Destination NY Broadway Show (Broadway Thea) Phone (212) 239-2922
Supervising Adult(s) Sr. Maria Lan Nguyen Phone / Cell # 732-770-2506
Drop-Off Date/Time Fri Dec. 23, 2011 1:00 pm Pick-Up Date /Time Fri Dec. 23, 10:00 pm
Mode of Transportation Coach (Bus)

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 _____ Date _____

Notary Signature (**required**) _____ Date _____

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Notary Signature REQUIRED !