

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: **Our Lady of Lourdes, Whitehouse Station, NJ**

Activity: _____ Cost per student _____

Destination _____ Phone _____

Supervising Adult(s) _____ Phone / Cell # _____

Departure Date / Time: _____ Return Date / Time _____

Mode of Transportation _____

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 (if necessary) _____ Date _____