

St. Mary's Parish- Dover, NJ
Permission Form

Trip information: New Jersey Nets Basketball Game- Friday March 26th Game begins at 8PM at the IZOD Center, Meadowlands, NJ. We will meet at St. Mary's prior to the game. E-mail Sister Thomasine (rosyglo01@aol.com) or Nick (43berg@gmail.com) with any questions.

This form must be signed and returned prior to any student participating in the trip.

Health Information, Release of Liability, Consent to Treat

Student's first name _____ Last name _____

Student's address _____

Name of Parent(s)/Legal Guardian _____

Home Phone Number _____ E-mail Address _____

Mobile Phone _____

Health Insurance Company _____ Policy # _____

Is student currently under the care of a physician? No Yes (please explain on the back)

Name of family physician _____ Phone # _____

List allergies to foods or drugs _____

Does student have any relevant needs or restrictions? _____

Special medications or pertinent medical information _____

Any parent that can provide transportation for this field trip please indicate below and the number of students you can fit in your vehicle:

_____ I will be able to transport _____ students to the game.

Tickets are \$22 each. Please make checks out to St. Mary's Parish as we will purchase the tickets as a group.

_____ # of tickets _____ Amount enclosed

PLEASE RETURN THIS PERMISSION SLIP TO SISTER THOMASINE BY MARCH 15th.

I, as a parent/guardian, for the student listed above, have read the foregoing Health Information, Release of Liability, Consent to Treat Form and the answers are correct to my knowledge. If this information should change at any time that this consent applies, I am responsible for contracting one of the chaperones and making them aware of such changes. I give my student permission to participate in the trip identified above. I can be reached at the telephone numbers referred to above, but if emergency medical care or treatment is necessary and if I cannot be contacted, I authorize the chaperones to act on my behalf and approve appropriate treatment.

RELEASE OF LIABILITY In consideration of St. Mary's accepting my student's registration for this event listed above, I release, hold harmless and discharge St. Mary's, its officers, Trustees, employees, agents, and affiliates and chaperones approved by St. Mary's, of and from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event and I further agree to indemnify and hold harmless St. Mary's and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense.

Date

Parent or Guardian Signature