



# CHRISTIAN BROTHERS ACADEMY

## SCHOOL SPONSORED PROGRAM AGREEMENT

August 1, 2018

DATE: \_\_\_\_\_

NAME OF MINOR: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS OF MINOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

FUNCTION/ACTIVITY: **Senior Retreat**

DATE(S) of ACTIVITY:

*October 25-26, 2018*

*November 8-9, 2018*

*November 29-30, 2018*

*February 20-22, 2019 (2 nights)*

LOCATION OF ACTIVITY: **San Alfonso Retreat Center, Long Branch, NJ**

### RELINQUISH OF CLAIMS AGAINST Christian Brothers Academy ONLY

I/We recognize and acknowledge that there are risks in my child's/ward's presence and participation in the school sponsored program. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Christian Brothers Academy including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child/ward participates in while attending the school sponsored program.

### MEDICAL RELEASE

Our permission is hereby given to the school representative of Christian Brothers Academy to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

STUDENT: \_\_\_\_\_

PARENT/GUARDIAN (Typed or Printed) \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

(Parent or Guardian)

Medical Insurance Information:

Company Name and Type of Plan: \_\_\_\_\_

Individual to contact in case of emergency:

\_\_\_\_\_  
(Name) (Telephone)

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_

ALLERGIES, REACTIONS OR OTHER COMMENTS: \_\_\_\_\_