



CHRISTIAN BROTHERS ACADEMY

SCHOOL SPONSORED PROGRAM AGREEMENT

DATE: August 1, 2021

NAME OF MINOR: _____ **RELATIONSHIP TO YOU:** _____

ADDRESS OF MINOR: _____ **PHONE:** _____

FUNCTION/ACTIVITY: *Senior Retreat (Please indicate your first, second and third choice)*

DATE(S) of ACTIVITY:

December 1-2, 2021

December 9-10, 2021

February 1-3, 2022 (2 Nights)

March 21-22, 2022

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:

ID and Group Number: _____

Company Name and Type of Plan: _____

Individual to contact in case of emergency:

(Name) _____ *(Telephone)*

FAMILY PHYSICIAN: _____ **PHONE:** _____ **CITY:** _____

ALLERGIES, REACTIONS OR OTHER COMMENTS:
