

**CHRISTIAN BROTHERS ACADEMY  
SCHOOL SPONSORED PROGRAM AGREEMENT  
2023-2024**

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

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

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

**FUNCTION/ACTIVITY:** Senior Kairos Retreat

**DATES & TIMES OF ACTIVITY:** Jan 17-19, Jan 24-26, Feb 7-9, *Mar 6-8 (Winter Athletes Preferred Retreat Date)*

**LOCATION OF ACTIVITY:** San Alfonso Retreat House, 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)

**Company Name and Type of Plan:** \_\_\_\_\_  
**Insurance ID/Group #** \_\_\_\_\_

**Individual to contact in case of emergency:**

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

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

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