

REGISTRATION FORM FOR SPECIAL ACTIVITIES AND FIELD TRIPS
DIOCESE OF BURLINGTON

Parish or Sponsoring Group: Burlington Life Teen

Activity: Pumpkin Carving

Destination: Catamount, Williston Vermont

Supervising Adult: Name & # : Monica Morano 233-9647

Mode of Transportation: Carpool, etc.

Teen's Name: _____ Age/Grade: _____

Parent(s)/Guardian: _____ Phone: _____

Address: _____ City/State/Zip: _____

Emergency Contact: _____ Phone: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

Any Special Medical Needs that We Should Be Aware of: _____

Is the participant currently under a doctor, psychologist or psychiatrists care? _____

If so, please explain: _____

Parent/Guardian—Please read carefully:

I request that my son/daughter participate in the above-described activity and consent to the mode of transportation as indicated (we have checked with Essex Jct. Police & have been assured that the trailers are a safe & legal form of transportation).

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the above-mentioned organization to act on my behalf and approve appropriate treatment.

I specifically waive claim or claims that may be derived from any accident or injury sustained by my son/daughter en route, during, and returning from the activity. I further agree to indemnify and save harmless the above name parish/school, the Diocese of Burlington, their staff and all adult supervisors working on their behalf.

Parent/Guardian Signature: _____ **Date:** _____