

**REGISTRATION FORM FOR SPECIAL ACTIVITIES AND FIELD TRIPS**

DIOCESE OF METUCHEN - OFFICE OF YOUTH AND YOUNG ADULT MINISTRY

Parish / Group: Mary, Mother of God HS CYO Youth Group

Location: Hillsborough, NJ 08844

Activity: Retreat Weekend

Cost per student: \$55 (Checks to *MMoG Youth Group*)

Destination: Mount Manresa Jesuit Retreat House, 239 Fingerboard Road, Staten Island, New York 10305-3797  
Phone: (718) 727- 3844

Supervising Adult(s): Andy Alvarez  
Christine Folsom-Kovarik  
JoAnn Power

Phone / Cell #: (908) 581-5126  
(908) 229-8909  
(908) 246-4540

Departure Date / Time: Friday, January 29<sup>th</sup>, 2010: Meet in Schellberg Hall @ 6:30 PM

Return Date / Time: Sunday, January 31<sup>st</sup>, 2010 – mid afternoon following the Closing Mass

Mode of Transportation: BUS

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Student Name: \_\_\_\_\_ Age at Time of Event: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State /Zip: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please indicate any special medical problems, dietary needs or allergies: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Parent / Guardian: Please read carefully and sign below**

**I request that my son / daughter participate in the above described activity and consent to the mode of transportation as indicated.**

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

**I specifically waive any and all claims of any nature I may have against the above named Church and/or school, the Roman Catholic Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) relating to or arising out of the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my son / daughter en route to, during, and/or returning from the activity.**

**I further understand that parish representatives are NOT permitted to dispense medication.**

During the hours of this trip / activity I can be reached at phone/cell number: \_\_\_\_\_

PRINTED Name of parent / guardian: \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_