

**Archdiocese of Boston**  
Activity  
**Field Trip Form**  
**Faith on Fire**  
Collaborative of St. Francis of Assisi & St. Joseph  
114 High Street, Medford, MA 02155, 781-396-0423 Ext 126

**Parental Permission Form**

Your teen is going on a field trip. Please read the information on this form, then sign and return the form by **February 25, 2019**

**Field Trip Information:**

Date: **March 1, 2019** Location: **Laser Craze/Woburn, MA**  
Purpose: **Field Trip** Cost: **TBD**  
Cash or check payable to:  
Means of Transportation: **Students meeting us at Laser Craze**  
**Arrive at Laser Craze: 6:30 pm** **Arrive back to Pick up 10 pm**  
Special Instructions:

Name of Participant: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

(Please make sure to indicate your email address)

**Acknowledgement and Assumption of Risk**

The undersigned participant, parent and/or legal guardian, does hereby acknowledge that I am or he/she is aware of the dangers and risks to person and property by participating in:

**Field trip to Laser Craze, 15 Presidential Way, Woburn, MA**

Nevertheless, I, or the undersigned parent and/or legal guardian, voluntarily elect to participate in this activity with knowledge of the danger involved, and hereby agree to accept and assume any and all risk of property damage, personal injury, or death.

**Medical Authorization, Indemnification and Waiver of Liability**

In consideration for being allowed to voluntarily participate in the above-referenced event, I hereby:

- a) Consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver to the maximum extent permissible under applicable law;
- b) Agree to defend, indemnify, and hold harmless the Parish and the Roman Catholic Archbishop of Boston, a Corporate Sole, and its agencies, officers, and employees from and against any and all claims of any nature including all costs, expense and attorneys' fees, which in any manner result from actions during this activity or event; and
- c) Waive and release forever the Parish and the Roman Catholic Archbishop of Boston, a Corporate Sole, and its agencies, officers, and employees from any and all liability for death, disability, person injury, property damages, property theft, or claims of any nature which may hereafter accrue as a direct or indirect result of the participation in the activity or event.

Further, I affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies that may otherwise be available regarding any losses sustained as a result of participating. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

**READ BEFORE SIGNING:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print:

Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical Information**

**Doctor's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Medical History:** Please indicate if the student has any significant medical problems, i.e., asthma, heart condition, epilepsy etc. If your child has no medical conditions, please write N/A.

\_\_\_\_\_

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<b><u>Allergies:</u></b>	Bee Stings	_____	If no allergies please write N/A.
	Dairy	_____	
	Penicillin/medications	_____	
	Peanuts	_____	
	Dust/mold	_____	
	Other	_____	

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

**Photo Waiver Form**

Dear Parents,

We may want to use a photo of your teen in the newspaper, Parish website Medford Youth Group Facebook group, or Instagram. If you would allow us to use your child's photo, please sign and indicate on this waiver.

\_\_\_\_\_ I **give** my permission for my teen's picture to be used in church publicity.

\_\_\_\_\_ I prefer **not** to have my teen's picture published.

If you have any questions or concerns, please do not hesitate to contact the Youth Ministry Office at 781-396-0423 Doreen Ext 126 or if you prefer email [faithonfiremedford@gmail.com](mailto:faithonfiremedford@gmail.com)

Doreen Breen  
Director of Faith Formation  
& Youth Ministry