

TRIP RELEASE FORM
(PLEASE RETURN COMPLETED AND SIGNED FORM
with \$10.00 BY FRIDAY, MARCH 9th to Mrs. Fina room 20)

The Saint Basil Academy senior class will be attending the 41st Annual Youth Symposium on the Holocaust on Tuesday, March 20th from 8:30 am to 1:30 pm at Gratz College, Melrose Park, PA. Students will leave from school promptly at 8:00 am and return by approximately 2:00 pm. Buses will provide transportation to and from the college. The cost for the opportunity is \$10.00 per student (includes transportation, lunch, and registration fee). Please inform Mrs. Fina as soon as possible if a student has special dietary needs.

Despite efforts and precautions to ensure the health, safety, and welfare of the participants in this outing, it must be anticipated that an emergency, sickness or injury may affect students' participation in the event.

Saint Basil Academy shall not be responsible or liable for injury, loss, damage, deviation, delay, curtailment, however caused, or the consequence thereof, which may occur during any part of the travel or event. Moreover, Saint Basil Academy accepts no responsibility whatsoever for members of the trip during free periods of time if that member of the trip disregards or ignores our requirement that the participant remain with the group.

I have read the above paragraph and do accept the statements set forth by Saint Basil Academy. Below is listed the health insurance coverage if needed.

In the event of illness or injury to our child, we hereby authorize the student to obtain services of a licensed practitioner/hospital emergency room and, where required, to give consent for each treatment as may be necessary to the same extent and with the same effect as though we had given it ourselves.

Name of Student Home phone

Signature of Parent/Guardian Cell phone

Medical Insurance Carrier /Policy Number

Are there any allergies/medications that Saint Basil should be aware of that would have an effect on the student during this event? _____

Does your child have any special dietary needs? _____
Every effort will be made by the hosts to accommodate dietary restrictions.

EMERGENCY INFORMATION

Contact #1 _____ Phone _____

Contact #2 _____ Phone _____