CHRISTIAN BROTHERS ACADEMY SCHOOL SPONSORED PROGRAM AGREEMENT

DATE: 9/3/26 NAME OF STUDENT:_____

RELATIONSHIP TO YOU _____ GUARDIAN PHONE # _____
FUNCTION/ACTIVITY: ***Sophomore Class Day of Service 2026***

DATES & TIMES OF ACTIVITY: **September 3, 2026**. *Depart CBA after Homeroom and Return BY 12:15PM*

LOCATION OF ACTIVITY: **Rising Tree Tops (Oakhurst)**

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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
NAME:_____
PARENT/GUARDIAN (Typed or Printed)_____
DATE:_____ SIGNED(Parent or Guardian):_____
Medical Ins Name and Type of Plan:_____
Individual to contact in case of emergency: (Name) (Telephone)

_____

FAMILY PHYSICIAN:_____PHONE:_____

CITY:_____

ALLERGIES, REACTIONS OR OTHER COMMENTS: _____