

**2020 Marching Wolves
Festival Disney Registration Form**

Name _____
 Last **First** **Middle**

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Student's Cell** _____

Parent's email _____

Date of Birth _____ **Grade** _____ **Age** _____

Mother's Name _____ **Cell phone** _____
Work number _____

Father's Name _____ **Cell phone** _____
Work number _____

Student resides with: Mother _____ **Father** _____ **Legal Guardian** _____

Please return this registration form with your rules and regulations form and the first installment payment. All payments are **NON-Refundable. Please initial or sign at the bottom of each page; this form will be signed in the presence of a notary. Payments are due by the 15th of each month for September, October, November, January, February and March.**

Parent's initials _____ / _____

FIELD TRIP

PARENTAL / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

ADULT LIABILITY WAIVER AND RELEASE OF LIABILITY

Participant's Name: _____

Birth Date _____ Gender: _____

Parent / Guardian Name: _____

I, _____ grant permission for my child, _____
To participate in this school event that requires transportation to a location away from the school site.
This activity will take place under the guidance and direction of school employees and/or volunteers from
St. Paul's School and St. Scholastica Academy.

A brief description of the activities are as follows:

Type of event: Bus trip to and performances in Walt Disney World, One day in Universal Studios.

Individuals in Charge: Andrew Moran, Director of Bands

Estimated time of Departure and Return: Evening of April 14, 2020 – Morning of April 19, 2020

Mode of Transportation to and from event: Chartered Buses

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend St. Paul's School and St. Scholastica Academy, Archdiocese of New Orleans, its officers, directors, employees, chaperones or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

As a parent and /or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").

Parent / Guardian Signature

Date

Print Name

Medical Release

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend St. Paul's School and St. Scholastica Academy, Archdiocese of New Orleans, its officers, directors, employees, chaperones or representatives associated with the field trip from any and all claims, loss or damage arising from or in connection with my child's participation in the field trip arising from illness or injury (including Death) or cost of medical treatment in connection therewith, and agree to compensate the school, its officers, directors and agents Archdiocese of New Orleans, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney fees and expenses which may occur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the school/diocese.

Signature: _____ Date: _____

MEDICAL MATTER: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Of the following statements pertaining to medical matters, sign only those that are applicable.

In the event of a headache, vomiting, sore throat, fever, diarrhea, I want to be called before giving any medications to my child.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

No medication of any type may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature; _____ Date: _____

Medical Release continued

Specific Medical Information: The school will take reasonable care to see that the following will be held in confidence.

Allergic Reactions (medications, food, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting or fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc? If so, list and date disease or condition: _____

You should be aware of these special medical conditions of my child _____

If there are any changes to the above statement prior to departure of event, it is your responsibility to update this form.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency if you are unable to reach me, contact:

Name _____ **Relationship** _____

Home Phone _____ **Cell Phone** _____

Family Doctor _____ **Phone** _____

Family Health Plan Carrier _____ **Policy #** _____

Signature _____ **Date** _____

Marching Wolves
Rules and Regulations form
Festival Disney April 14, 2020 – April 19, 2020

This form must be completed by each participant identified below and by the Participant’s undersigned parent or guardian. This form must be returned to Mr. Moran before the applicant may attend or participate in the above captioned activity. Participant and Participant’s undersigned parent or guardian may be hereinafter referred to collectively as “Applicants”. This form must be completed in full with each rule being initialed by participants.

Participant Parent Initials

1. ____ / ____ During Marching Wolves’ trip and the length of the trip no alcohol or prescription drugs are allowed in your possession. Over the counter medication is allowed as instructed by medical consent form.
2. ____ / ____ During Marching Wolves’ trip you are not allowed to associate with boys/girls in an unsuitable manner, to be determined at the sole discretion of the Directors or Chaperones of the Marching Wolves.
3. ____ / ____ During Marching Wolves’ trip No Smoking is allowed at anytime.
4. ____ / ____ During Marching Wolves’ trip Participant will not be allowed to leave any scheduled practice or activity without the expressed permission from an official Director of the Marching Wolves. This includes, but not limited to each Theme Park.
5. ____ / ____ During Marching Wolves’ trip Participant will, at all times, follow the direction and instruction of designed Directors and Chaperones.
6. ____ / ____ During Marching Wolves’ trip any violation by Participant of these Rules and Regulations, as well as rules and regulations (whether oral or written) of St. Paul’s School or St. Scholastica Academy or Walt Disney World (including without limitation, bus line, hotels, or host businesses) will result in immediate dismissal from the Festival Disney Trip. Inasmuch, the Marching Wolves’ directors have the sole discretion in determining if the Participant should be removed from the group and returned home. If it is determined that the Participant should be removed from the group, the cost (airline tickets, transportation, meals etc.) associated with returning the Participant to his/her hometown will be the financial responsibility of the applicants. Applicants agree that these costs will be prepaid immediately upon demand from the director. Applicants agree to indemnify and hold harmless the Marching Wolves/ directors the implementation of these rules.
7. ____ / ____ Applicants, as attested by the signatures below, assumes complete financial responsibility for any and all damages resulting from the negligent and or willful acts of the Participant.
8. ____ / ____ As a Marching Wolf, Participant understands that he/she is a member of a team. Therefore, if Participant’s membership on his/her school team terminates for any reason, Participant’s participation in this trip automatically terminates and Participant will not be allowed to travel as part of or with the Marching Wolves. Additionally, if Participant is placed on probation or suspended from his/her school during Participant’s membership, Participant will be prohibited from participating in any Disney activity, including the performance and trip until such probation or suspension is lifted. If participant’s is unable to participate for any reason, any money paid will be forfeited and no refunds will be issued.

Applicant understands the Rules and Regulations listed above and agree to abide by such rules and regulations. Applicants agree to hold the Marching Wolves, the directors, chaperones, SSA and SPS representatives and agents harmless in the enforcement of these rules and regulations.

PARTICIPANTS SIGNATURE _____ DATE SIGNED _____

PARENT/GUARDIAN SIGNATURE _____ DATE SIGNED _____

Sworn to and subscribed before me this _____ day of _____, 2019

NOTARY SIGNATURE AND SEAL _____

Print _____