



JOLIET CATHOLIC ACADEMY

1200 N. Larkin Ave.
Joliet, IL 60435

PARENTAL PERMISSION SLIP AND LIABILITY RELEASE FORM

EVENT: Senior Class Disney Trip

LOCATION(s): Walt Disney World, Orlando, FL

DATE OF EVENT: February 13 – 17, 2020

INDIVIDUAL{S} IN CHARGE OF AND RESPONSIBLE FOR EVENT: Mrs. Arnett, Mrs. Ragusa, Mrs. Scordo, Ms. Szynal

MODE OF TRANSPORTATION TO BE USED: Airlines Flight to and from Orlando, charter bus in Orlando

The undersigned parent(s) / legal guardian give permission for our {my} child _____
to attend and participate in the above described event. (first and last name)

We {} understand that this event will take place at a location away from the school grounds, that the above-described mode of transportation to and from the location will be used, and that our {my} child will be under the supervision of the above-designated individual(s).

In case of a medical or dental emergency, we {} give our {my} consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our {my} child's medical history:

MEDICAL INSURANCE COMPANY: _____

POLICY NO: _____

FAMILY PHYSICIAN: _____

PHYSICIAN PHONE NUMBER: _____ DATE OF LAST TETANUS SHOT: _____

ALLERGIES: _____

MEDICATION BEING TAKEN: _____

OTHER PERTINENT INFORMATION: _____

In case of an emergency, we {} can be reached by phone at:

HOME: _____ WORK: _____ CELL: _____

We {} shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our {my} child to return home due to medical reasons, disciplinary action or otherwise, we {} agree to pay transportation costs.

Finally, in consideration for our {my} child's participation in this event, we {} release, discharge and agree to hold harmless Joliet Catholic Academy, its agents and employees from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or {my} child while our {my} child is participating in the event {including transportation to and from the event}, hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in this event.

We {} have fully read this form and sign voluntarily with knowledge of its terms and conditions.

Parent/Legal Guardian Signature

Date

(OVER)

GUIDELINES FOR BEHAVIOR

FOR PARTICIPANTS IN EVENTS SPONSORED BY JOLIET CATHOLIC ACADEMY

We, as Catholics, strive to live respectfully in Christian community. With this in mind we choose to follow the guidelines below.

We choose to practice **Cooperation**, **Participation**, and **Respect** for people, property and self.

Alcohol, illegal drugs, and all tobacco products are NOT allowed. Anyone found to be in possession of alcohol, illegal drugs, or tobacco will be subject to disciplinary action outlined in the JCA student handbook on pages 50-51.

For the protection and safety of all participants, acts of violence, possession of a weapon and all forms of harassment will not be acceptable.

Disruptive behavior, language, clothing or items will not be accepted on the Senior Trip. This includes any of the before mentioned which is obscene, profane, or inappropriate to the activity of the school or group.

We agree to take direction from the chaperones who have been assigned to supervise by Joliet Catholic Academy. All luggage and rooms are subject to search, and any unacceptable items (ie: alcohol, tobacco products, drugs, etc.) found will be removed. If these items are found they will be confiscated, parents contacted and appropriate action will be taken.

In the unlikely event that a behavior problem based on these guidelines requires extreme action, it is likely to result in dismissal. Parents will be contacted and participant will be sent home. Additionally, any expenses incurred as a result will be the responsibility of the student's family.

We respectfully ask your cooperation and hope that you will have no trouble adhering to these simple guidelines.

The most important factor to remember is that you represent Joliet Catholic Academy and are asked to project an image of Christian consideration, sensitivity and respect to others and the property around you.

Student signature

Parent signature

*****PLEASE Turn in completed form with first payment*****

Return to Mrs. Arnett with your first payment

2019/2020 Disney Trip Payment Agreement

Student Name _____

Person Responsible for Disney Trip payment:

Name _____ Relationship to student _____

Email address _____ phone number _____

Payment Options (check 1)

- Payments may be made by cash or check (JCA Senior Trip) and turned into Mrs. Arnett or by credit card to the Business Office. Please indicate the payment is for the Disney Trip and email Mrs. Arnett. Do NOT pay online the payment will be applied to tuition not the trip.

4 Payments of \$419

- Friday, August 30
- Friday, September 27 * Payments are NOT refundable after September 27th
- Friday, October 25
- Friday, November 29

5 Payments of \$335

- Friday, July 26
- Friday, August 30
- Friday, September 27 * Payments are NOT refundable after September 27th
- Friday, October 25
- Friday, November 29

All payments MUST be made by November 29th – final hotel, airline, and hopper passes are due December 1st

Please email Mrs. Arnett at sarentt@jca-online.org with any questions.