

NAME \_\_\_\_\_

**SAINT VIATOR HIGH SCHOOL  
SPONSORED TRAVEL PROGRAM**

**STUDENT CONTRACT**

While I travel to and from, or within the United States on a Saint Viator High School sponsored trip, I agree to follow all the rules of behavior set forth in this contract, the travel agency, as well as the Parent/Student Handbook to ensure my own health, safety and enjoyment, and to ensure the same for everyone else traveling in the name of Saint Viator High School.

I understand that I must be a current, registered student to participate in this trip and that graduated seniors may not attend if travel occurs at the end of a given school year. I understand that I must be in good academic and disciplinary standing.

All students must agree to follow the rules and policies of school and the specific trip.

I understand that Saint Viator reserves the right to deny travel to any student who may incur serious medical, behavioral or academic issues prior to the trip and is not responsible for any loss of any non-refundable payments as a result of the cancellation

**FINANCIAL TERMS AND CONDITIONS**

- Cost of trip **\$ 115.00**
- Final payment due by **6/28/2010**

**TRAVEL GROUP MODERATOR WILL BE Chris Kirkpatrick**

**STUDENT UNDERSTANDING AND ACCEPTANCE**

1. I will accompany the group to all scheduled/group activities, including all group meals.
2. I will be in my assigned room (not the room of anyone else) by the designated time. I will not change my assigned room without written permission of the Travel Group Moderator.
3. I will keep my room tidy. I will be respectful of the other guests in the hotel where I am staying and will keep noise to a minimum after 10:00 p.m. I will not take any souvenirs from a hotel, restaurant or store that I have not purchased.
4. I understand that I will not drink any alcoholic beverages on this trip since I am under twenty-one (21) years of age. I understand that drinking is strictly prohibited; it is cause to be sent home immediately at my parents' expense. I am not permitted to consume any alcoholic beverages at any time, to store liquor in my room nor to purchase any alcoholic beverages to bring home.
5. I will never be in possession of or use alcohol or drugs. I understand that a single violation of this regulation will result in my immediate dismissal from the trip at my parents' expense.
6. I will never be in possession of a firearm, knife or any other weapon, tobacco products or drugs not specifically prescribed for me as listed on page 3, or any illegal substance.
7. My parent(s) and I give permission to an adult moderator to search my belongings at any time prior to departure, during the trip or after landing home from the trip where the adult moderator has in the moderator's sole determination reason to believe that the student may have violated this Student Travel Contract.

8. I am not allowed to rent a motor vehicle of any kind nor ride in a motor vehicle other than the designated tour transportation by the Travel Group Moderator.
9. I will be punctual for all events that require the group leaving together. Failure to attend designated group events without permission may be in violation of this contract and may result in dismissal from the trip.
10. I will act always maturely, on the plane, in the hotel, in museums, at restaurants, etc.
11. As a Catholic school, we expect all students to act in a respectful and Christian manner at all times.

### **VIOLATION OF THIS STUDENT CONTRACT**

Any violation of the provisions of this Student Contract as set forth herein, will be made at the sole determination of the Travel Program Moderator, and may require the dismissal of the student from the program trip. Student will be required to return home immediately at their parents' expense and parents agree to this provision as a condition of this contract.

In addition, any violation of this Student Contract may/will also results in disciplinary review and action by the School in accordance with the provisions of the Parent/Student Handbook.

As a Saint Viator student, I have read and understand these rules. I agree to comply with every statement contained in this contract. I further understand that any serious violation of this contract on my part will result in my being sent home at my parents' expense.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

**PARENTAL PERMISSION AND AUTHORIZATION TO ATTEND**

We (I) agree and give our (my) permission and authorization for our (my) son/daughter \_\_\_\_\_ to attend the travel program to \_\_\_\_\_ sponsored by Saint Viator High School and agree to the financial terms and conditions set forth above and herein.

**EMERGENCY TREATMENT RELEASE**

As parent(s), we (I) do herewith authorize the treatment by a qualified and licensed doctor of the student named herein in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach us (me). This release is completed and signed of our (my) free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. Where necessary, student may be sent home where deemed for the student's welfare and after consultation and with the parents' permission.

**AGREEMENT REGARDING LIABILITY**

We (I) hereby relieve the school, its employees and chaperones from any and all liability to us (me) and our (my) child, and to indemnify and hold harmless the school, its employees and chaperones against any claims, arising out of our son's/daughter's participation in this trip.

We (I) have read and understand the terms of this form and the accompanying letter. In consideration of the opportunity to attend the trip, we (I) agree to the following: We (I) and our (my) son/daughter will abide by the terms set forth in this contract as a condition to attend the trip to \_\_\_\_\_. If our (my) son/daughter violates seriously one or more of the stated rules, we (I) agree, upon request, that he/she will be sent home at our (my) expense.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Emergency Contact (relationship) & Phone Number \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number of Physician \_\_\_\_\_

Name of Insurance Carrier & Phone \_\_\_\_\_

(Attach a photocopy of Insurance Card, front and back.)

Medical Insurance Policy \_\_\_\_\_ Number \_\_\_\_\_

Student's Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Blood Type \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

(OVER)

Specified medicines, medical allergies, chronic illnesses, dietary or other conditions:

Detailed list of prescription medication(s) and the physician(s) prescribing them: