

St. Thomas Aquinas Catholic School

1719 Post Road Fairfield, CT 06824 203-255-0556

BEYOND THE BELL ENRICHMENT PROGRAMS PERMISSION, RELEASE, INSURANCE AND EMERGENCY INFORMATION

I/We, the parent(s)/guardian of: _____
(names of children) _____

request that St. Thomas Aquinas Catholic School allow my/our child/ren to participate in Beyond the Bell Enrichment programs. I agree to complete individual registration for any programs in which I wish my child to participate.

INSURANCE AND EMERGENCY CONTACT INFORMATION:

Health Insurance Company: _____

Name of parent/guardian on policy: _____

Policy ID #: _____

Parent/guardian name: _____

Parent/guardian home phone: _____

Parent/guardian cell phone: _____

Emergency backup name: _____

Emergency backup phone: _____

RELEASE:

I/We hereby understand and acknowledge that by consenting to my child(ren)'s participation in the Beyond the Bell Enrichment Program, I release and save harmless the Diocese of Bridgeport, Saint Thomas Aquinas Catholic School, St. Thomas Aquinas Catholic Parish, any of their employees and volunteers, agents and representatives from any and all liability for any and all injury, loss, damage or other harm arising to my/our child(ren) as a result of participating in the Beyond the Bell Enrichment programs both on and off the St. Thomas Aquinas Catholic School premises.

Date: _____

Parent/Guardian Signature: _____