

REQUEST FOR SHUTTLE SERVICE

My daughter, _____, grade ____, will be using the Rosary Shuttle service as her transportation to Rosary Academy. I understand that Rosary with Servite are offering four routes.

Parent Permission:

I hereby request that my daughter be permitted to use this service which is operated by licensed school personnel. If my daughter will not ride the train on a particular day, I will alert the driver via phone not to expect her that day. I recognize that she is expected to exemplify good, courteous behavior while she is on the train and using this service.

Should it be necessary for my daughter to have medical and/or dental treatment while participating in this activity, I hereby give permission to the adult(s) in charge to use best judgment in obtaining medical services. I give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

I agree to release, indemnify, defend and hold harmless Rosary Academy, the Diocese of Orange, and each of their respective employees, directors, officers, agents and the representatives from any and all liability arising from participation in this activity, including but not limited to any lawsuits, claims, or causes of action brought by you or any third party alleging any injuries or damages of any kind, whether relating to personal injury, damage to property, remedies in equity, attorneys' fees or court costs.

If there is an emergency and parents cannot be reached, please contact:

Name:	Relation (Non-Parent)	Pi	hone:
Name of Physician:		Phone #:	
Insurance Company:		Policy #:	
Special Medications or Medical Con	ditions:		
I have read and agree to abide by Christian conduct.	the conditions of this contract a	nd will follow the Ro	sary Academy code of
Home Address:	City:		Zip:
Phone–Home:	Phone–Cell:	_ Phone–Work:	
Parent/Guardian Email Address:			
Student Signature:			