

**REGISTRATION
XAVIER COLLEGE PREPARATORY INTERNATIONAL STUDIES PROGRAM
Loches, France**

NAME: _____
(PLEASE PRINT YOUR NAME as it is (or will be) on your USA PASSPORT)

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE NUMBER + AREA CODE: _____ **CELL PHONE:** _____

XCP STUDENTS: (circle one).....Frosh.....Sophomore.....Junior.....

LOCHES TRIP AVAILABLE TO BCP STUDENTS: Frosh.....Sophomore...Junior.....

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

RELIGION: _____ **PREFERRED FIRST NAME:** _____

Do you have a VALID USA PASSPORT?.....(Circle One).....YES.....NO
Include copy of first two pages of Passport (the ones with the photo)

If you circled "NO", obtain your passport as soon as possible (no later than Dec. 1)
then turn in the two-page copy as requested.

Passport must be current and expiration date must include 6 months beyond the trip.

Passport Copy to Moderator by December 2, 2019.

Indicate food allergies _____

Indicate special help needs or medication _____

IN CASE OF EMERGENCY, PERSON/PERSONS TO CONTACT:

NAME: _____ **RELATIONSHIP TO YOU:** _____

PHONE NUMBER, WITH AREA CODE: _____

NAME: _____ **RELATIONSHIP TO YOU:** _____

PHONE NUMBER, WITH AREA CODE: _____

SIGNATURE: (as it appears on your passport): _____

PAYMENT

(All information as it appears on your passport)

Xavier College Prep
4710 N. 5th St.
Phoenix, AZ 85012
602/277-3772

Address questions to:
ahyland@xcp.org

Name: _____

Address: _____

Phone: _____

Passport #: _____ Date of expiration _____

PAYMENT

1st Payment \$2,250 deposit (non-refundable) due November 22, 2019
(Check made payable to Xavier College Preparatory)

Office Use Only
Check # _____
Amt. \$ _____
Rec. By _____

Final Payment \$2,250 due March 2, 2020*
(Check made payable to Xavier College Preparatory)

Office Use Only
Check # _____
Amt. \$ _____
Rec. By _____

****AIRLINE TICKETS ARE NON REFUNDABLE.**

*CANCELLATION POLICY:

DEPOSIT IS NON REFUNDABLE.

CANCELLATION 60 DAYS OR LESS PRIOR TO DEPARTURE 100% NON REFUNDABLE.
SEE INSURANCE POLICY REGARDING CANCELLATION FOR COVERED REASONS.

PLEASE RETURN THIS COMPLETED FORM & INSURANCE FORM WITH PAYMENT TO Ann-Marie Hyland F207



**Roman Catholic Diocese of Phoenix
 PERMISSION SLIP FOR OUT OF TOWN/OVERNIGHT TRIPS
 Parent/Legal Guardian Consent and Liability Waiver**

Dear Parents of Xavier College Preparatory,

As a member of the:
 your son/daughter or person named may
 participate in the
 The designated chief supervisors are:

 Xavier College Preparatory Community
 July 4 – July 18th, 2020 to Loches, France

 Ann-Marie Hyland; and Xavier Chaperones

If you wish to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

PERMISSION FORM

If you desire your son/daughter/individual/family member/or me under your guardianship to participate in this particular event, **please complete, sign and return the following statement of consent and release of liability by November 30, 2018.**

Depart Date	From	To	Time	Mode of Transportation (Including Airline and Flight # if applicable)
June 29, 2019	Phoenix	Paris, France	tbd	
July 13, 2019	Paris, France	Phoenix	tbd	
	Paris	Loches and environs		Avion, Autobus and Train
				<u>See inclusive flight and travel itinerary</u>

I, or the Parent/Legal Guardian of _____ (the “Student”), request that Xavier College Preparatory and the Roman Catholic Church of the Diocese of Phoenix (the “Diocese”) allow the Student or Person Named to participate in the out of country international program described above. I give permission for the Student’s or named person’s participation in said trip. As Parent/Legal Guardian, I remain fully responsible for any legal responsibility resulting from any personal actions taken by the Student or Person Named. I understand that the Student or Person Named will be under the supervision of the designated school personnel and chaperones on the stated dates and that all school rules will be in effect. I understand and agree that, if the Student or Person Named violates any school rule (including, without limitation, rules regarding alcohol or drugs), or is involved in any criminal activity, he/she may be sent home unaccompanied at my expense.

I further hereby grant the above-stated designated chief supervisor or his/her designee (the “caregiver”) temporary authority and custody over the Student or Person Named, limited to the following powers:

- (1) To seek medical care for the Student or Person Named, including, but not limited to, visits to the doctor or hospital.
- (2) To authorize medical treatment or medical procedures for the Student or Person Named, in the event of an emergency situation, should the caregiver be unable to reach us.
- (3) To provide first aid or similar care in non-emergency situations.

In the event that the caregiver believes the Student or Person Named needs medical treatment, the caregiver will attempt to reach me to obtain direction or authorization prior to seeking treatment. However, should the caregiver determine, in his/her sole discretion that the delay needed to contact me could result in unwarranted risk to the Student or Person Named, the caregiver may waive the attempt to contact me and may seek immediate treatment.

I further intend for the caregiver to be treated as I would be with respect to my rights regarding the use and disclosure of individually identifiable health information or other medical records of the Student or the Person Named. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

This grant of authority is effective as of the date executed below, and shall remain in effect until the completion of the above-described out of town/overnight trip or until six (6) months following the date of this authorization, whichever occurs first.

In consideration for the Student's or Person Named participation, on behalf of myself, the Student or the Person Named and our heirs, assigns, executors and personal representatives, I hereby release, absolve, indemnify and agree to hold harmless Xavier, the Roman Catholic Church of the Diocese of Phoenix (the "Diocese"), and any and all of their officers, directors, agents, employees, representatives, volunteers, sponsors or benefactors of said trip from any and all liability for any and all injury that may arise out of participation in this activity. I understand that such an undertaking involves an element of risk. I hereby expressly assume all risks and hazards incidental to participation in this activity.

For out-of-country trips: I further acknowledge that I have read, and reviewed with the Student or Person Named, any and all U.S. Department of State Travel Advisories relative to this event and assume all risks and hazards incidental to international travel or otherwise arising out of participation in this event. _____ (Initial)

AFFIRMATION OF LIABILITY

Traveler understands that Camelback Odyssey Travel and independent affiliates ("Camelback Travel") in making travel arrangements acts only as agent for the airlines, hotels, bus companies, railroads, tour operators, cruise lines, car rental companies, and other contractors providing accommodations, transportation or other services (collectively "Travel Suppliers"). All Travel Suppliers are independent and do not act for or on behalf of Camelback Travel, are not servants of Camelback Travel, and are not in a joint venture with Camelback Travel.

By signing below, Traveler agrees to the foregoing and also agrees that neither Xavier College Preparatory, nor the Roman Catholic Diocese of Phoenix, nor Camelback Travel nor its parent, affiliates, subsidiaries or representatives (collectively "Camelback Travel Entities") shall be or become liable for any loss, costs, expense, injury, accident or damage to person or property resulting directly or indirectly from (i) the acts or omissions of the Travel Suppliers, including, but not limited to, delays or cancellation of services, cessation of operations, breakdown in machinery or equipment or changes in fares, itineraries or schedules, and/or (ii) acts of God, fire, acts of government or other authorities, wars, acts of terrorism, civil unrest, strikes, riots, thefts, pilferage, epidemics, quarantines, other disease, climatic aberrations, dangers incident to activities or from any other cause beyond Camelback Travel's control.

Traveler hereby affirms that he/she is voluntarily participating in the travel services that Camelback Travel has reserved on Traveler's behalf. Traveler hereby certifies that he/she is fully aware of the strenuous and/or high-risk nature of the travel services provided and is fully aware of the physical risks and/or dangers associated with or derived from participation in the travel services. Traveler represents that he/she is physically fit to participate in the activities. Traveler assumes the risk of all inherent and other dangers in any way connected with the travel services, and Traveler waives any and all specific notice of the existence of such conditions.

I have read, understand and agree to the above.

I agree with and consent to the conditions stated above, including the method(s) of transportation and the grant of authority, signed this ____ day of _____, 20__.

Name of Parent/Legal Guardian/or me

Signature

Signature of Traveler

This signature covers both Roman Catholic Diocese of Phoenix Permission Slip and Camelback Odyssey Travel Requirement.

Notarized Signature required of all travelers.

State of Arizona

County of _____

On this ____ day of _____, 20__, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to this document and acknowledged that he/she signed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

NOTARY PUBLIC

My commission expires _____