



Chesterton Academy of St. Therese
Verso L'Alto Hiking Club Waiver
Grades 7-12
Open to the Public

Child/Children Name(s): _____

When: 2nd or 3rd Saturday of the Month (See dates below)

Purpose of Verso L'Alto: The purpose of this club is to give kids another opportunity to grow in fellowship with one another outside of the classroom, experience the beauty and physical challenges outdoors, and grow closer to God while being in His creation.

What to bring and wear for each hike: At least 2 bottles of water, good hiking shoes/boots (or sneakers with good traction), long socks (to avoid blisters) a rain jacket, a backpack, your own snacks and lunch (no junk food or soda), bug spray, a hat, and proper hiking clothes (preferably workout clothes that you will be comfortable in).

Teacher(s) in charge: Mr. Meier

Transportation: Parent Drop-Off at Trail Parking

Emergency Contacts:

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Chaperone: _____	Phone: _____	Relationship: _____

Permission slips and attached medical form must be signed and returned in order for your child to participate in the field trip. **Please complete and return by September 10, 2025 .**

NOTE: Please notify your child's teacher if any medical conditions or allergies exist that he/she needs to be aware of. Any medications that your child needs to take during the trip must be given to the teacher, not the student, in the original container with clear instructions given as to use. A note authorizing the teacher to administer the medication must accompany the medication and be signed and dated by a parent.

"As the parent or legal guardian of (student name) _____, I (your name) _____ give permission for my child to participate in the St. Therese Classical Academy and Chesterton Academy sponsored clubs. I affirm that my child is in good health and physically able to safely participate in hiking activities ranging from 2 to 6 miles in varied outdoor conditions and terrain. I acknowledge my responsibility to notify the teacher of any health concerns or limitations that may affect my child's participation."

I understand that the teachers and chaperones in charge and the St. Therese Classical Academy and Chesterton Academy will take all possible care to ensure the safety of our children in his/her care. I also understand that the St. Therese Classical Academy and Chesterton Academy, its staff, employees and chaperones assume no responsibility for damages, losses, or accidental injury.

Parent Signature: _____ Date: _____

Saint Therese Classical Academy, Inc.

Medical Release Form

STUDENT NAME: _____ Birth date: _____
Street Address _____
City, State, Zip _____ Cell Phone () _____
Home Phone () _____ Social Security Number _____

FATHER'S NAME: _____ Home Phone: () _____
Employer (Name and Address): _____
Work Phone: () _____ Cell Phone: () _____
E-Mail Address: _____

MOTHER'S NAME: _____ Home Phone: () _____
Employer (Name and Address): _____
Work Phone: () _____ Cell Phone: () _____
E-Mail Address: _____

ADDITIONAL EMERGENCY CONTACTS

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone: () _____ Phone: () _____

HEALTH INSURANCE COVERAGE

Insurance Company Name: _____
Insurance Company Phone Number: _____
Cardholder's Name _____ Employer: _____
Group Number _____ Individual I.D. _____

PHYSICIAN: _____
Address _____ Phone: () _____

DENTIST: _____
Address _____ Phone: () _____

PREFERRED HOSPITAL: _____
Address _____ Phone: () _____

ADDITIONAL INFORMATION

Allergies to food/medicine: _____

Additional medical conditions (including the wearing of eyeglasses or hearing aides):

I hereby give permission to the director and teachers of the Saint Therese Classical Academy to arrange for my child to receive medical attention in the event of an emergency. I recognize that every effort will be made to contact me and/or the emergency contact person(s) named above.

PARENT(S) SIGNATURE _____ **DATE** _____