



# CAMP WAWONA MISSION TRIP 2022 (SEP 28 - OCT 3)

## CONSENT AND COMMITMENT FORM

FOR OFFICE USE ONLY

**PLEASE RETURN THIS FORM WITH  
NON-REFUNDABLE DEPOSIT BY  
WEDNESDAY, SEPTEMBER 7, 2022**

### OUTLINE OF ACTIVITY

We are traveling to Yosemite National Park. It is a trip to provide community outreach at Camp Wawona.

### ADULT SUPERVISORS

San Gabriel Academy faculty.

### STUDENT INFORMATION

Last Name	First	Middle	Name Used						
Address (Street and PO Box)		City	State	Zip					
Home Telephone		Emergency Telephone							
Grade	9	10	11	12	Shirt Size	S	M	L	XL

### STUDENT COMMITMENT

By placing my signature below, I hereby agree to fully cooperate with the sponsor(s) of this activity and to remember at all times – as demonstrated by my good behavior – that I am representing San Gabriel Academy, my family, and most importantly, witnessing for Christ.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name	First	Relationship
Home Telephone	Work Telephone	Cellular
Parent/Guardian Last Name	First	Relationship
Home Telephone	Work Telephone	Cellular

### STUDENT'S MEDICAL CARE INFORMATION

Physician Full Name	Telephone
Insurance Company	Policy Number

### MEDICAL CONSENT

If emergency service involving medical action or treatment is required and the parent/guardian cannot be reached, the parents/guardian hereby consent to the rendering of such medical service to the above named student as shall be deemed necessary in the medical opinion of the doctor rendering such service. By placing my signature below, I hereby give my permission for my son/daughter to fully participate in all activities outlined below.

Those attending my child/ward should know of the following conditions, drug allergies, medications taken daily, or other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Please print name

Date

### ACADEMIC APPROVAL (SEE MRS. BARNES)

Blanca Barnes Signature \_\_\_\_\_ Date \_\_\_\_\_