



CATHOLIC MISSION TRIPS INC.
43508 POSTRAIL SQ.
ASHBURN, VA 20147
www.catholicmissiontrips.net

DISCIPLINARY FORM

Participant's Name _____ Birth Date _____

Address _____ Year of Graduation _____

City _____ State _____ Zip _____ Phone (_____) _____

I, _____ (parent's name) give permission to my above named son/
daughter to go to Catholic Mission Trips, Inc., _____ Mission Trip. If my son or
daughter does not follow the rules and regulations either stated orally or written below, I give
Catholic Mission Trips, Inc.'s, director or employees the authority to fly my son or daughter
home at my own expense.

My child agrees to abide by all the rules and regulations stated by Catholic Mission Trips, Inc.,
and the Staff whether in this form or verbal. I understand that Catholic Mission Trips, Inc., will
not be liable if my child fails to abide by the regulations, and that any infraction of the rules
may result in immediate dismissal from this activity at my expense. I relieve Catholic Mission
Trips, Inc., and its staff members of all responsibility and consequence that may arise as a
result of this action.

Parent's/ Guardian's Signature _____ Date: _____

Participant's Signature _____ Date: _____