



**Catholic Mission Trips, Inc.**  
**12063 O'Bannon's Mill Rd.**  
**Boston, VA 22713**  
www.catholicmissiontrips.net

**Catholic Mission Trips, Inc.**

**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 re-  
sult of this action.

**Parent's/ Guardian's Signature** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_

**Parent's Secondary Phone Number** \_\_\_\_\_