

**VILLA MARIA ACADEMY**  
**370 Central Avenue, Malvern PA 19355 (610) 644-2551 Fax (610) 644-2866**  
**Villa Palooza Class of 2027 Retreat REGISTRATION - PERMISSION FORM**

Sponsoring Group: VMA Campus Ministry

Sponsoring Moderators: Sr. Mary Jo, Sr. Marie Claire, Mr. Zampogna

Occasion and Location: **Villa Palooza - Class of 2027 Retreat**

Buildings and Campus Grounds of Villa Maria Academy High School

Dates and Times: **August 12, 2023 10 AM - 6 PM**

**Student Name:** \_\_\_\_\_

I understand that participating in an on-campus activity is a privilege and that I am representing Villa Maria Academy. I agree to abide by the policies of the school and of the sponsoring moderator.

**Student Signature:** \_\_\_\_\_

**Print Student Name:** \_\_\_\_\_ **T-Shirt Size:** S M L XL

My daughter has my permission to attend the Villa Palooza Class of 2027 Retreat as described above.

This permission includes all related programs and events associated with this event. I waive the school of responsibility in the event of an accident and/or injury.

Also, as a parent or guardian, I authorize the treatment of my daughter by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

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

\_\_\_\_\_  
Date

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Specific food or medical allergies, chronic illnesses or other conditions:**

\_\_\_\_\_

Insurance: \_\_\_\_\_

Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

Alternate Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO SR. MARY JO**  
**VIA EMAIL: SRELY@VMAHS.ORG**