

**St. Aloysius Jr. High Youth Group: Lock-In 2012
Consent Form and Liability Waiver**

Location: St. Aloysius Date: Saturday, February 11, 2012 Cost: \$20
Drop off at Aloysius Gym at 4:00pm & Pick-up at St. Aloysius 11:30 pm

Participant Information (Please Print)

Name: _____
Home Phone: _____
Home Address: _____ Zip: _____
Grade: _____ Birth Date: _____

Parent/Guardian Information (Please Print)

Name(s): _____
E-mail: _____
Home Phone: _____
Cell Phone: _____ (mom) _____ (dad)

***Are you willing to chaperone (circle one)? Y N

Emergency Contact Information (Please Print)

Name: _____
Relation to Participant: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

I grant permission for my child to participate in this youth ministry event. I understand that this event will take place under the guidance and supervision of parish volunteers of St. Aloysius Parish.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Aloysius Parish, its officer, directors, employees and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury, or damage, unless such claim arises from the negligence of the company, parish, or diocese.

Parent/Guardian Signature: _____ Date: _____

*****Please send your check (payable to St. Aloysius Church)**

and permission slip to

MacDougall Womack in the Church Office***

*****Deadline: February 7*****

*****Space is Limited Based on the number of Parent Chaperones*****