

St. Aloysius Youth Group  
**Crop Walk!** [www.brcropwalk.org](http://www.brcropwalk.org)

Date: November 1<sup>st</sup> 2:30-4:30pm

**Cost:** A donation in any amount to combating world & local hunger. Checks must be made payable to CWS/CROP  
(also you must include \$10 made payable to St. Aloysius HSYG if you need an orange youth group t-shirt)

**Location:** Galvez Plaza, 300 North Blvd. Baton Rouge, LA

**Transportation:** private cars  
Consent Form and Liability Waiver

**Your child will need to wear the orange Christ is Hope t-shirt (\$10 if you need one)**

**Participant Information (PLEASE PRINT)**

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grade: \_\_\_\_\_ T-shirt size (circle one):    S    M    L    XL

**Parent/Guardian Information (PLEASE PRINT)**

Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ (mom) \_\_\_\_\_ (dad)  
\*\*\*Are you willing to chaperone (circle one)?    Y    N

**Emergency Contact Information (PLEASE PRINT)**

Name: \_\_\_\_\_  
Relation to Participant: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

I grant permission for my child to fully participate in this youth ministry event including swimming in the river, canoeing, and rope swings. 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 parish or diocese.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MONEY AND FORM ARE DUE BY October 20<sup>th</sup> NO EXCEPTIONS!!!!**  
**Should you have to withdraw, we will be unable to refund the money.**