

Diocese of Houma-Thibodaux YOUTH RALLY
Consent Form and Liability Waiver for St. Aloysius 8th-12th Graders

Location: Nichols State University Stopher Gym, Thibodaux, LA Date: March 27, 2010

Transportation: School Bus Cost: \$40 (\$50 if you need Green or Orange Youth Group T-Shirt)

Participant Information

Name: _____

Home Address: _____ Zip: _____

Grade: _____ Birth Date: _____

T-shirt size (circle one): S M L XL

****8th grade will be wearing GREEN God's Staff Shirts. If you don't have a shirt you must buy one for \$10.****

****High School will be wearing ORANGE Christ is Hope shirts. If you don't have one, you must buy one for \$10****

Meal Choice: Pepperoni Pizza___ Chicken Tenders___ Hamburger___ White Beans & Jambalaya___

Drink Choice: Coke___ Diet Coke___ Sprite___ Bottled Water___

Parent/Guardian Information

Name(s): _____

E-mail: _____

Home Phone: _____

Cell Phone: _____ (mom) _____ (dad)

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

This event will only be possible if we have enough certified chaperones sign-up

Emergency Contact Information

Name: _____

Relation to Participant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information

Physician's Name: _____ Physician's Phone: _____

Insurance Company: _____ Insurance Policy Number: _____

Allergies/Medical Concerns: _____

Date of Last Tetanus Immunization: _____

Physical Limitations: yes/no Explain: _____

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: _____

***** Send your check (payable to St. Aloysius HSYG) and form to Steven Brooksher in the Parish Office*****

*****Deadline: March 3rd*****

*****Space is limited, so signup now!*****