

St. Aloysius Youth Group
Mission Baton Rouge
November 19 & 20, 2007
Consent Form and Liability Waiver

Participant Information

Name: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____
Home Address: _____ Zip: _____
Grade: _____ Birth Date: _____
T-shirt size (circle one): S M L XL **Can Chaperone this event: YES NO (circle one)**

Parent/Guardian Information

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

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 parish or diocese.

Parent/Guardian Signature: _____ Date: _____