

St. Aloysius Junior High Youth Group
Trip to see the Houston Rockets vs. the New Orleans Pelicans
Friday, January 26, 2018
Cost \$37 for teens and chaperones; limited to 80 students
Consent Form and Liability Waiver

Participant Information (PLEASE PRINT)

Name: _____ Student Cell: _____
Home Phone: _____ E-mail: _____
Birth Date: _____ School & Grade: _____
Home Address: _____

Parent/Guardian Information (PLEASE PRINT)

Name(s): _____ Home Phone: _____
E-mail: _____
Mom's cell phone: _____ Mom's work phone: _____
Dad's cell phone: _____ Dad's work phone: _____

Emergency Contact other than the parent/guardian (PLEASE PRINT)

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

I, _____ grant permission for my child, _____
("participant") to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St Aloysius Catholic Church.

A brief description of the activity follows:

Type of event: Trip to New Orleans to see a Pelicans game
Date of event: January 26, 2018
Destination of event: New Orleans Arena
Individual in charge: MacDougall Womack
Estimated time of departure: 3:30 pm on 1/26/18 and return: 11:30 pm on 1/26/2018
Mode of transportation to and from event: Charter Bus and private vehicles

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by participant. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Aloysius Catholic Church, its officers, directors, employees, chaperones, and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones, or representatives associated with the event from any claim arising from or in connection 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 St. Aloysius Catholic Church, 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 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 the Diocese of Baton Rouge.

Child's Allergies: _____

Child's Medical Conditions: _____

Parent/Guardian Signature: _____ Date: _____

Can you help us chaperone? Yes No If yes, please include fee of \$37 Name: _____

*** Return Form and Fee (\$37) by no later than December 20, 2017 to Church Office ***

We are happy to give you a refund if we have a waiting list.