

St. Aloysius Junior High Youth Group
Trip to see the Portland Trail Blazers vs. the New Orleans Pelicans
Friday, March 15, 2019
Cost \$33 for teens and chaperones; limited to 88 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: March 15, 2019

Destination of event: New Orleans Arena

Individual in charge: MacDougall Womack

Estimated time of departure: 3:30 pm on 3/15/19 and return at 11:30 pm

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 \$33 Name: _____

*** Please return form and fee (\$33) by January 31, 2019 to the Pastoral Service Center ***

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