

ST. JOSEPH CHURCH YOUTH MINISTRY
MIDDLE SCHOOL YOUTH GROUP EVENT
Consent and Release Form

***To be completed for all Youth participants.**

Event Information

Event: MSYG Springpoint Visit **Date/Time:** June 21, 2025 from 10:30 a.m. to 12:00p.m.
Location: Springpoint Living at Manalapan 199 Woodward Rd., Manalapan, NJ 07726

Cost: None.

Participants to be dropped off at Springpoint Living at Manalapan

Youth Participant Information

Name: _____

Date of Birth: _____ Age: _____ Grade _____

Consent and Release Information

[Please read the following very carefully]

By signing this waiver form, I acknowledge that my child is able to participate in in the listed Youth Ministry activity. I acknowledge that there are certain risks involved in said activities. I release St. Joseph Church, The Diocese of Trenton, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur during the course of these activities.

If the need arises, and the emergency contacts cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer or seek first aid if deemed necessary. I further agree to indemnify and hold harmless St. Joseph Church, The Diocese of Trenton, and its affiliates, volunteers, and employees of any and all claims arising from the participation in activities or as a result of injury or illness during such activities. I have agree to the waiver and fully accept the conditions.

Signatures

[Parent/Guardian Signature is required]

Parent/Guardian- Print Name: _____

E-Mail: _____

Home Phone: _____ Cell Phone: _____

Sign Name: _____ Date: _____

[The Emergency Contact Form on back must also be completed]

St. Joseph Church Youth Ministry - Emergency Contact Information Form

Name of Youth: _____

Primary Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Full Home Address: _____

Secondary Emergency Contact Information (If primary emergency contact cannot be reached)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Full Home Address: _____

Allergies, dietary restrictions or other important medical information: (Please write "NONE" if there are none)

Any other important information you would like us to know about your child: