

Catholic Diocese of Trenton



Dept. of Youth and Young Adult Ministry

701 Lawrenceville Road; P.O. Box 5147, Trenton, NJ 08648
609.403.7182 | 609.406.7403 [fax]
www.dotyouth.org | dwaddi@dioceseoftrenton.org | lcortes@dioceseoftrenton.org

Diocesan Youth Ministry Consent and Release Form

***To be completed by all Youth and Adult participants.**

*For events that young people attend with a **group**, their group leader must keep a signed copy of this form during the event.*

Event Information:

Event: Diocesan Youth Conference (DYC)

Date/Time: February 7th, 2026

Doors open at 9:15am, event 10am

Location: Donovan Catholic HS, 711 Hooper Ave. Toms River, NJ 08753

Participant Information

Name: _____ Parish/Ministry: _____

Date of Birth: _____ Age (at start of event): _____ Gender: _____ H.S. Grad Year: _____

E-Mail: _____ Home Phone: _____ Cell Phone: _____

Full Home Address: _____

Compliance for Adults/Team Leaders over age 18: Background Check _____ Virtus: _____

All leaders (pastors, youth ministers, campus ministers, director of religious education, etc.) must ensure that all chaperones are compliant with child protection guidelines.

Consent and Release Information

[Please read the following very carefully]

General: By signing this waiver form, I acknowledge that I/my child am/is physically and mentally able to participate in youth ministry activities. I acknowledge that there are certain risks involved in said activities. I release The Diocese of Trenton, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, and to administer first aid if deemed necessary. I further agree to indemnify and hold harmless 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 read the Waiver Form and I am fully aware of its contents.

Publicity: On occasion, The Diocese of Trenton takes photographs or makes an audio or video recording of children and/or adults involved in parish/school/youth activities. I consent to the use of any such photographs, or audio or video recordings of the individual named above to be used, distributed or displayed as agents of the Diocese of Trenton see fit (ex: Diocesan websites; Facebook; YouTube; Diocesan blog; the Monitor, etc.).

Transportation: I hereby grant the Diocese of Trenton and its agents to transport my child during the aforementioned event. Transportation to and from said event is to be decided between myself and the Youth Ministry program to which my child belongs. I understand that this event/activity/retreat may take place outside of my parish and that it is under the direction and guidance of the Diocese of Trenton along with supervision of other volunteers/employees. I agree that in consideration of our child being permitted to join said event/activity/retreat, we hold each harmless and indemnify the Parish and DOT and their agents against any and all forms of claims for injury to our child involving said event/activity/retreat.

Signatures

[Parent/Guardian Signature is not required for adults age 18 and over]

Participant- Print Name: _____ Sign Name: _____ Date: _____

Parent/Guardian- Print Name: _____ Sign Name: _____ Date: _____

[The Emergency Contact/Medical Release Form on pg. 2 must also be completed]

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Diocesan Youth Ministry Emergency Contact & Medical Release Form

Participant Information

Name: _____ Date of Birth: _____ Gender: _____

Full Home Address: _____

Primary Emergency Contact Information

[Please fill section out entirely]

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Full Home Address: _____

Secondary Emergency Contact Information

[Please fill section out entirely]

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Full Home Address: _____

Medical Information

[Please provide your Health Insurance Information even if no medical conditions exist]

Health Insurance Provider: _____ Account Number: _____

Physician Name: _____ Phone Number: _____

Check all that apply: Epileptic Asthmatic Diabetic No Medical Condition

Allergies: _____

Psychological Condition (i.e: depression, bipolar disorder, etc): _____

Heart Condition: _____

Currently taking Medication: _____

Other/Details: _____

Other Needs

[Please indicate if there is any other important information, including, but not limited to, dietary needs]

Signatures

[Parent/Guardian Signature is not required for adults age 18 and over]

Participant- Print Name: _____ Sign Name: _____ Date: _____

Parent/Guardian-Print Name: _____ Sign Name: _____ Date: _____

[The Consent and Release Form on pg. 1 must also be completed]

St. Joseph Youth Ministry - High School Youth Group

Diocesan Youth Conference (DYC) 2026

Saturday, February 7, 2026 - 10:15 a.m. to 5:00 p.m.

Participant Agreement

This form is to be completed by the youth wishing to participate with the High School Youth Group at the Diocesan Youth Conference 2026.

This event will be held at Donovan Catholic High School - 711 Hooper Avenue, Toms River, NJ 08753.

Please complete a separate form for each youth participant and place it along with your payment in the Youth Ministry Event Registration Drop-off basket on the table in the church vestibule or bring them to the next HSYG Gathering Night by 7 p.m. on Wednesday, January 21st.

Youth Participant Information and Agreement:

Youth's Name: (Required)

T-Shirt Size: (Required - Circle One)

Small Medium Large XL 2X 3X 4X

In order to participate in the event listed above, I agree to abide by the following rules:

- I will listen to and follow all instructions given by the adult chaperones.
- I will be respectful to the adult chaperones, other youth participants, and the facility.
- I will not fight with any one at the event.
- I will not use inappropriate language.
- I will not bring any sort of weapon, controlled substance or alcohol.
- I will not leave the activity area or the Donovan Catholic High School campus during the course of the event without expressed permission from an adult chaperone.
- I will not be permitted to re-enter the event once I leave.
- I will follow all rules, policies and orders of the establishment where the event is held.

I understand that if I do not follow all the rules listed, and any others given by adult chaperones, my parent will be called to pick me up and I will not be able to participate in future events until assurances can be given that I will follow all the rules.

Youth Participant's Signature: (Required)

Date: (Required - MM/DD/YYYY)

Event Information:

The Diocesan Youth Conference (DYC) 2026 is Saturday, February 7th from 10:15 a.m. to 5:00 p.m. at Donovan Catholic High School, 711 Hooper Avenue, Toms River, NJ 08753. Transportation will be provided to and from this event. Youth are to be dropped-off at St. Joseph Church by 9am and will return to the church at approximately 5:45 pm. Parents may choose to transport their own youth to and from this event upon request.

The cost for this event is \$25 per youth participant and includes lunch. Please make checks payable to "St. Joseph Church". Payments are non-refundable after 7p.m. Wednesday, January 21th.

Scholarships are available for youths of families in need. Contact Fr. Mike.

All high school aged youths are welcome! - As this event is open to all youths currently in the 9th, 10th, 11th, and 12th grades.

Youth participants do not need to be members of the St. Joseph Church High School Youth Group, St. Joseph Parish, or even Catholic.

Youths are encouraged to bring their friends! - The event includes a service project and a Vigil Mass meeting the Sunday Mass obligation.

If you have any questions, please contact Matthew Zabrosky at mzabrosky@outlook.com or 908-500-7304.