

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

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

Event Information

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**Event:** MSYG Springpoint Visit      **Date/Time:** February 21, 2026 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]*

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**Parent/Guardian-**      Print Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**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:**

**ST. JOSEPH YOUTH MINISTRY**  
**MIDDLE SCHOOL YOUTH GROUP**  
**PARTICIPANT AGREEMENT**

**Event: MSYG Springpoint Visit**

**Location: Springpoint Living at Manalapan, 199 Woodward Rd., Manalapan, NJ**

**DATE: February 21, 2026 10:30AM – 12:00PM**

**Participants to be dropped off and picked up at Springpoint Living**

**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 not fight with any one at the event
- I will not use inappropriate language
- I will not bring any sort of weapon
- I will be respectful of all people and property
- I will not leave the building during the course of the event without expressed permission from an adult chaperone
- 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, a 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.**

Printed Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_