

Church of St. Catharine  
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732-842-3963 ext.13

**St. Catharine's Youth Ministry Consent and Release Form**

\*\* Must be signed/dated the day of the event and turned in at the time of arrival.

\*\*\* No one will be permitted to participate without this sign consent.

Event: Youth Group Ice Cream Social  
Ice cream will be Prepackaged and individually wrapped

Date/Time: Sunday, September 27 from 6-7:30 PM  
(Rain date, Sunday, October 4 from 6-7:30 PM)

Location: Outside the back of St. Catharine's Church

**Participant Information:**

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

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

Full Home Address:  
\_\_\_\_\_

Known medical conditions or allergies:  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Information:**

Name: \_\_\_\_\_

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

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

Emergency Contact (other than parent):

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **Consent and Release Information [Please read the following very carefully]**

### **Covid special requirements:**

- By signing this waiver form, I acknowledge my teen has not shown any signs of illness or had a fever of over 100.4 over the last 24 hours.
- I understand that upon arrival my teen's temperature will be taken, and if he/she has a Temperature above 100.4, they will be sent home immediately. If dropping your teen off, please do not leave until AFTER their temperature has been taken.
- I understand that social distancing, use of hand sanitizer (provided), and use of a face covering (when not eating) will be expected of all participants.

### **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 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 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: I consent to the use of photographs of the individual named above to be used for future promotion of St. Catharine Youth Group. I agree that in consideration of our child being permitted to join said activity, 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 activity.

Participant-Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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