



St. Aloysius Vacation Bible School

from Monday, July 29th to Friday, August 2nd 9:00AM to 12:00Noon

Child's name: _____

Age: _____ Date of Birth: ____/____/____ School Grade as of 9/2019: _____

Shirt Size (Youth): S ____ M ____ L ____ (Adult) S ____ M ____ L ____

Parent(s)' Names: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Frequently Used E-Mail Address: _____

Emergency Contact Name (if someone other than parent): _____

Phone #: _____

Food Allergies/Other Allergies: _____

Name of sibling/friend your child would like to be with: _____

(We will do our best to fulfill all requests)

Cost: \$50 per child, up to 3 children; no additional charge for more than 3 children in a family.

Make check payable to St. Aloysius
Return completed forms and payment by **July 22nd** to:
St. Aloysius Parish Office
ATTN: VBS
935 Bennetts Mills Rd.
Jackson, NJ 08527

If you have any questions or would like further information, Please contact
Email : youthministry@saintalloysiusonline.org, Phone: (732) 370-0500 Ext. 202

Please continue to the next page for
Consent and Release Information and Parent or Guardian signature



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 Saint Aloysius Parish, 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 Saint Aloysius Parish, 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 and Saint Aloysius may take photographs or makes an audio/video recording of those involved in parish /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 Saint Aloysius staff see fit (ex.: Diocesan/St. Aloysius websites; Facebook; YouTube; Diocesan/St. Aloysius Blog; the Monitor etc.).

Signatures

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

Participant (Child's Name)- Print Name: _____

Parent/Guardian-Print Name: _____

Parent/Guardian Sign Name: _____

Date: _____