

**OFFICE USE ONLY**PAID: \_\_\_\_\_ CHECK# \_\_\_\_\_  
INTL: \_\_\_\_\_ DEPOSIT: \_\_\_\_\_**St. Alphonsus Youth  
Consent Form and Medical Release  
2025 - 2026**

Participant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church Parish: \_\_\_\_\_ Grade 2025-2026: \_\_\_\_\_ School: \_\_\_\_\_

Email Address: \_\_\_\_\_ Participant's Cell Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Cell Phone #: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency #: \_\_\_\_\_

I agree \_\_\_\_\_ I do not agree \_\_\_\_\_ to allow pictures of my child to be published by St. Alphonsus Church.

**Medical Release**

We (I) are the parent(s) or legal guardian(s) of the participant, hereby grant permission for \_\_\_\_\_ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery, and we, notwithstanding any question of liability involved in this emergency, fully and completely, assume responsibility for all medical bills. By signing this form, we (I) understand that St. Alphonsus, or any agent/company associated with St. Alphonsus is not responsible for any injury sustained by my child I understand that this event is nonrefundable should participant decide not to or cannot attend event.

**\*Please provide a copy of an insurance card for our records.**

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_ Allergies \_\_\_\_\_

Is there anything we should know about your child? (Physical, emotional, social) \_\_\_\_\_

X \_\_\_\_\_  
Parent/Guardian Signature Date**Behavioral Agreement**

The following rules and regulations have been set fourth and approved by the St. Alphonsus Formation Office to ensure the safety and meaningful retreat experience for each participant.

1. Proper attire must be worn at all times with no exceptions. T-Shirts with suggestive slogans, low cut shirts, midriff exposure, short shorts, shirt skirts, or see through clothing are not allowed.
2. Behavior of participants must reflect that of a good Christian role model.
3. All staff, chaperones, board members and others in charge must be treated with respect at all times.
4. Foul or inappropriate language is strictly and absolutely forbidden.
5. Inappropriate physical contact with anyone is not allowed. (NO PDA)
6. Respect must be shown to others and their property.
7. The use or possession of tobacco products, alcohol, or illegal drugs is forbidden.
8. Any and all medications (prescription) must be given to the head chaperone immediately before boarding the bus.
9. All rules set forth by the Diocese of Baton Rouge must be followed.
10. Any damage to hotel, retreat, private, or public facilities is the liability of the person involved and/or the parents of the minor involved.

Anyone witnessing someone not honoring the above rules is responsible for reporting them to one of the retreat's chaperones.

If a participant is caught not honoring the above rules, the following may take place: The parent/legal guardian will be contacted and asked to provide the participant with transportation home at that point at the cost of the parent with no exceptions. Participant should understand that this will limit the participation in future youth group activities.

**I have read the rules and discussed them with my son/daughter, and we agree to the conditions set forth by the Formation Office.**X \_\_\_\_\_  
Participant SignatureX \_\_\_\_\_  
Parent/Guardian Signature