

FORMS & PAYMENT DUE JUNE 1st, 2026 ~~~ \$50 payable to SMA CYO

**LABOR OF LOVE AND ST. MATTHEW THE APOSTLE CYO
ARCHDIOCESE OF NEW ORLEANS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: _____

Birth date: _____ Sex: _____ High School: _____

Teen Email : _____ Teen Cell : _____

Parent/Guardian's name: _____

Home address: _____ Home Phone: _____

I, _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Matthew Parish. A brief description of the activity follows:

Type of event: SMA CYO LABOR OF LOVE – SUMMER SERVICE PROJECT

Location(s): St. Matthew the Apostle Parish, 10021 Jefferson Hwy, River Ridge, LA 70123

Individuals in charge: Madeline Flores, Edmond Eberle, Corinne Lobell & Becci Sheptock

Duration of activity: Wednesday, July 22nd 5:45 PM – 9:00 PM, Thursday, July 23rd through Saturday, July 25th - 8:30 AM – 9:00 PM. 2026

Mode of transportation to and from event: Various Approved Adults (21 and over) driving to sites in the River Ridge, Harahan and Greater New Orleans area

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Matthew Parish, its officers, directors and agents, and the Archdiocese of New Orleans, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of New Orleans, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

ABSENCE POLICY

At Labor of Love, we have two integral priorities:

Keeping our team & participants safe.

Making a physical and spiritual impact in the lives of team, participants, and residents.

The best way we guard these priorities is by asking our participants to attend THE EVENT IN FULL.

While we understand that life happens (e.g., family or medical emergencies), we also know that some obligations are able to be worked around or given notice in advance (e.g., doctor's appointments, vacations). In order to keep the participants safe, it is vital that our facilitators know when they are leaving/arriving, and who the primary contact of transportation is. Moreover, from a physical and spiritual perspective, it is important to create groups that can form meaningful connections and evenly distribute work at resident homes.

In filling out this form, please consider working around the Labor of Love schedule as this event is the most impactful to a small group and its residents when all team members are constantly there. However, if there are obligations known in advance, please list any absences to the best of your abilities (e.g., practices, appointments, or family/medical obligations). If a change occurs to your schedule following the completion of this form, please notify one of the facilitators below, as failure to notify of an absence may result in dismissal of the event and discontinuation of service hours. Please Contact Madeline Flores (504) 315-9959 with any questions or concerns about this policy.

Please mark this box if you can attend all days, for the whole time:

DATE & TIME of foreseen absence, please list all: _____

Reason for foreseen absence: _____

Name & Phone Number of Adult picking you up: _____

Will you be returning after your obligation? ___ Yes or ___ No; If yes, what time? _____

I hereby acknowledge that this absence sheet reflects my foreseen absences (if any) to the best of my ability. I understand that if possible, I should adhere to attending the event in full, as it is in the best interest of my team and the residents. I consent to communicating about pick up and drop off with Madeline Flores (contact above) in order to keep myself/ my child safe and accounted for.

Teen Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PHOTO RELEASE

I, (Parent or guardian name) _____, give permission for pictures taken of my

child, _____, during the event to be used in future Labor of Love and/or St.

Matthew the Apostle publications and publicity. ___ YES ___ NO

Parent Signature: _____ Date: _____

MEDICAL INFORMATION

In the event of an emergency, I hereby give permission for my child named herein to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency contact:

Mother name:	Mother cell:
Father name:	Father cell:
Mom Email:	
Dad Email:	
Emergency Contact & Relationship:	
Emergency Contact Cell:	
Family doctor:	Doctor #:
Health Plan:	Policy #:

Medications:

Please check off any of the following medications that may be dispensed to your child if needed:

- Tylenol
- Ibuprofen
- Benadryl
- Other _____

Please name all medications that participant **must** take during the activity:

Medication:	
Dosage:	Frequency:
Medication:	
Dosage:	Frequency:
Additional Notes:	

Please list allergies:

Allergy:	
Medication:	Frequency:
Allergy:	
Medication:	Frequency:
Additional Notes:	

Please list any special medical conditions:

Medical Condition:	
Medication:	Frequency:
Medical Condition:	
Medication:	Frequency:
Additional Notes:	

REGISTRATION FEE & CYO PROFILE

***** Teens must also have a 2026-2027 CYO Profile turned in.
You can find the profile at stmatthewcyo.com *****

Please return to Ms. Becci at the Church Office with \$50 Payment
Type of payment: CASH VENMO CK# _____ CYO ACCOUNT

St. Matthew the Apostle - C...
@stmatthewcyo

