

ST. ANN YOUTH MINISTRY 2023 YOUTH RETREAT



July 28th | 8:00 am - 5:30 pm | St. Ann Youth Building

Youth Contact Information

Full Name	:							
Grade	:		Date Of Birth	:				
Address	:							
City	:		State	:		Zip	:	
School	:		Cell Phone	:				
E-Mail	:							
Medical Needs/ Concerns	:							

Parent/Guardian Information

Father/Guardian	:		Mother/Guardian	:	
Father Email	:				
Mother Email	:				
Father Phone	:		Mother Phone	:	

Consent

I authorize St. Ann staff or Youth Ministry volunteers to seek emergency/administer First Aid in case of a minor medical situation. In the event of an emergency, I give my permission to obtain emergency medical treatment for my child while he/she is in their care.

- Yes, I give permission for medical attention/First Aid to be administered to my child.
- No, I do not give permission for medical attention/First Aid to be administered to my child.

I give my permission for St. Ann staff or Youth Ministry volunteers to photograph or video my child while participating in Youth Ministry activities with the understanding that these may be published in the church bulletin, website, social media or in the newspaper.

- Yes, I give permission for my child's photo to be included in various media presentations
- No, I do not give permission for my child's photo to be included in various media presentation

I authorize St. Ann staff or Youth Ministry volunteers to use my child's cell phone for email address for the exclusive use in group messaging and email through the Flocknote program for communication

- Yes, I give permission for use of my child's contact information exclusively for Flocknote group messaging
- No, I do not give permission for use of my child's contact information exclusively for Flocknote group messaging

Parent/Guardian Signature:

SUBMIT