

**St. Genevieve Community Celebration  
Youth Permission Slip**

Parent/Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), authorize my child, \_\_\_\_\_  
\_\_\_\_\_ (child/youth's name), to volunteer/participate in the 2017 St.  
Genevieve Community Celebration. I also authorize of St. Genevieve Catholic Church, Thibodaux,  
LA to transfer and obtain any medical attention for my child should the need arise.

I, \_\_\_\_\_ (parent/guardian), authorize any photos taken of my child,  
\_\_\_\_\_ (child/youth's name), volunteering/participating in the event to  
be used in all forms of media used by St. Genevieve Church.

*Comments/Notes:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*Experience fellowship—share the excitement!*