

**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!