Holy Trinity Youth Group Parental Agreement

My Teen _____ has permission for the following:
Receive communication from the Youth Ministry team via Flocknote/Remind _____
Be included in pictures taken at Youth Group events _____ (see back for exclusion form)
Drive herself/himself to and from Youth Group events _____
Ride with the following people (other than parents) to and from Youth Group events _____

_____

Date of Birth _____, Grade _____, School Attending _____
Any special needs or considerations our Youth Group Team needs to be aware off:_____

_____

_____

Parents signature _____ Date _____

Contact Information

Parents' Name _____
Address _____
Best Phone Number for Parents _____
Best Email Address for Parents_____

Parent Involvement

Communication preference Email _____, Message _____,
Volunteer to coordinate fundraisers _____
Volunteer as a Youth Group Assistant_____ (Expect parents to rotate to provide coverage)
Volunteer to drive for Youth Group events off campus _____
Volunteer as chaperone for Youth Group events _____
I am VIRTUS certified _____ (Required to
I would like to become VIRTUS certified _____

The Diocese of Springfield-Cape Girardeau

Please sign this form ONLY if you DO NOT want your teen's photograph/video to be used in diocesan/parish/ school materials and campaigns as well as other media initiatives; i.e.: newsletter, websites, fund development efforts, newspapers and television.

2025-2026 Student Exclusion Form

(Denies news media contact for interviews/photos)

At this time, I do not want photographs/videos of, _____ to be used without my prior permission. I understand this waiver applies only for the current school year, 2025-2026. I also understand this does not apply to photographs or video images taken at public events.

Signature (Parent / Guardian): _____ Date: _____