



CATHOLIC COMMUNITY OF
ST. MARY AND ST. JOSEPH
EUCCHARIST. KNOW IT. LOVE IT. LIVE IT.

Youth Ministry Participation Form

Annual Permission Form – Valid July 1, 2025 through June 30, 2026

YOUTH INFORMATION

Full Legal Name: _____ Preferred Nickname: _____

Date of Birth: ____/____/____ Grade: _____ School: _____

Full Legal Name: _____ Preferred Nickname: _____

Date of Birth: ____/____/____ Grade: _____ School: _____

(IF needed, complete an additional form for any additional children)

PARENT INFORMATION

Mother's Name: _____ Maiden Name: _____ Catholic? ____YES ____NO

Cell Phone: _(____)_____ Can we send texts to this number? ____YES ____NO

Home Phone: _(____)_____ Email: _____

Address: _____ (City/State/Zip): _____

Father's Name: _____ Catholic? ____YES ____NO

Cell Phone: _(____)_____ Can we send texts to this number? ____YES ____NO

Home Phone: _(____)_____ Email: _____

Address: _____ (City/State/Zip): _____

Permission and Release: As parent or guardian of these above names youth, I hereby request that my child(ren) be allowed to attend and/or travel with the Catholic Community of St. Joseph (Corydon) and St. Mary (Lanesville) Youth Ministry program to all events and activities in the local area as well as outside of the state of Indiana. I understand that my child and I must abide by the rules/procedures for these events.

I hereby release the Archdiocese of Indianapolis, the New Albany Deanery, Net Ministries, Catholic Community of St. Joseph (Corydon) and St. Mary (Lanesville) parishes, parish staff, and/or volunteer leaders from any claim, loss, cost, damage or expense arising out of any accident or other occurrence causing injury to any person or property during these events or activities. In case of accident or sickness, the adult in charge has my permission to secure medical attention for my child. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Parent/Guardian Signature: _____ Date: _____