

Parental Permission Form

St. James the Apostle Catholic Church

8400 Monarch Drive • Port Richey, Florida 34668

During the year we try to keep your young person up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

_____ **Yes**, I give _____ (my youth) permission to release his/her e-mail address to the Parish Coordinator of Youth Ministry and Youth Ministry Staff. I also give permission for the Parish Coordinator of Youth Ministry and Youth Ministry Staff to use this address to communicate with him/her through e-mail. We understand that any addresses received through the parish youth ministry will *only* be used for the parish youth ministry purposes.

_____ **No**, I *do not* give permission to release or use the e-mail of my youth _____ (youth name).

From time to time, publicity releases for newspapers, television, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of your youth. Videos, photos, and other media may also be used to share with the entire parish. These publicity releases, videos, and photos may be prepared by the Parish Coordinator of Youth Ministry, Youth Ministry Staff, Youth Ministry Volunteers or by a St. James the Apostle media representative.

_____ **Yes**, I do give permission for _____ (youth's name) name and likeness to be included in such publicity releases, videos, or photos.

_____ **No**, I *do not* give permission for _____ (youth's name) name and likeness to be included in such publicity releases, videos, or photos.

During each month of the year the names of our youth with birth dates, not birth year, in each month will be given to Parish Prayer Groups and birthday cards will be signed by youth, Parish Coordinator of Youth Ministry, Parish Youth Ministry Staff and parish youth ministry adult volunteers to be mailed by the Parish Youth Ministry Staff to your youth.

_____ **Yes**, I do give permission for _____ (youth's name) name to be given to the Parish Prayer Groups.

_____ **No**, I *do not* give permission for _____ (youth's name) name to be given to the Parish Prayer Groups.

_____ **Yes**, I do give permission for _____ (youth's name) birth date to be used in a birthday card signed by the youth, Parish Coordinator of Youth Ministry, Parish Youth Ministry Staff and Parish Youth Ministry adult volunteers to be mailed by the Parish Youth Ministry Staff to your youth.

_____ **No**, I *do not* give permission for _____ (youth's name) birth date to be used in a birthday card signed by the youth, Parish Coordinator of Youth Ministry, Parish Youth Ministry Staff and Parish Youth Ministry adult volunteers to be mailed by the Parish Youth Ministry Staff to your youth.

Youth Signature

Parent/Guardian Signature

Date