

Maria Regina Youth Ministry
3945 Jerusalem Avenue
Seaford, New York 11783

PARTICIPATION CONSENT

I, (Name of Parent or Guardian) _____
Grant permission for my son/daughter _____
to participate in the Maria Regina Youth Ministry Event on (Date) _____
(Name of Event) _____

Please return completed form to the rectory clearly marked **Youth Ministry Event** one week prior to the event **unless otherwise specified** in order to guarantee participation.

Event Title _____ Event Date _____

Teen Name _____ Grade _____

Signature (Parent or Guardian) _____ Date _____

In Case of an Emergency please contact _____

Telephone No. _____ Cell No. _____