



St. Elizabeth Ann Seton Church

11501 Maple Way
Louisville, KY 40229

(502) 969-0004
Fax (502) 969-0553

PERMISSION SLIP

I, _____ parent/guardian request that my child
(children) _____ be allowed to participate in _____
_____ on _____, sponsored by the
St. Elizabeth Ann Seton Youth Ministry Program. Ministerial purpose of this activity
is _____. I further give my permission for my child (children) to ride in
any vehicle designated by the adult in whose care my child (children) has been entrusted while
participating in the above activities. In consideration of permitting my child to attend and/or
participate, I do hereby, for myself and my child (children) waive and release any and all claims that I
might have against Bill Ash, Director of Youth Ministry, Margaret A. Joseph, Pastoral Associate,
Fr. R. Dale Cieslik, Pastor, or any employee of St. Elizabeth Ann Seton, the institution
of St. Elizabeth Ann Seton, and any designated driver of a van, bus, car, or other vehicle, for any and all
injuries or losses suffered by said child (children) while engaged in the above activities.

Signature of Parent/Guardian

Date

Phone number*

*Phone number in which parent(s)/Guardian may be reached during Youth Ministry Programming

NOTE: YOUTH VIOLATING RULES WILL BE SENT HOME UNACCOMPANIED AT THE PARENTS EXPENSE.