



**ST. GABRIEL THE ARCHANGEL**

5505 BARDSTOWN ROAD  
LOUISVILLE, KENTUCKY 40291  
**502.239.5481**

**YOUTH MINISTRY PERMISSION SLIP**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ do hereby grant permission for my child to attend and participate in the following activity, \_\_\_\_\_ on (date) \_\_\_\_\_. The St. Gabriel Youth Ministry Program is sponsoring this event.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activity.

In consideration of permitting my child to attend and participate, I do hereby, for myself and my child, waive and release any and all claims that I might have against St. Gabriel the Archangel Parish, Patrick Lynch, Coordinator of Youth Ministry, and any other adult leader, chaperone and/or any designated driver for any and all injuries or losses suffered by my child while engaged in the above activities.

In case of medical emergency, I understand that every effort will be made to contact me or the designated adult(s) listed below. In the event that I or any designated adult(s) cannot be reached, I hereby grant permission for the Coordinator of Youth Ministry to secure proper and prompt medical treatment for my child.

**Accompanying this form are the appropriate fees. Make checks payable to St. Gabriel Church.**

If you have any questions call Patrick Lynch at 239-5481, ext. 2011 or email [plynch@stgabriel.net](mailto:plynch@stgabriel.net)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

Does your child have special dietary or medication requirements? \_\_\_Yes \_\_\_No

If so, please list here:

\_\_\_\_\_  
\_\_\_\_\_

Emergency numbers (both yours and any other designated adults):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL PARTICIPANTS IN ST. GABRIEL YOUTH MINISTRY EVENTS AND ACTIVITIES MUST BE HIGH SCHOOL AGE (GRADES 9-12) AND LESS THAN 18 YEARS OF AGE, UNLESS APPROVED AS A YOUTH MINISTRY VOLUNTEER.**