

BAPTISM RETREAT – STUDENT REGISTRATION

PARENT RELEASE FOR CONTACT WITH MINOR



Retreat Date you are
Registering to attend

Parish Name/Town _____

Student Name: _____

Email: _____

Phone: _____ cell: _____

Parent

Name _____

Address: _____

Email: _____

Phone: _____

Sponsor

Name _____

Address: _____

Email: _____

Phone: _____

Bethany Youth Retreat Center: Parent Consent of Minor Contact Form

I grant permission
for my child _____ to be personally contacted, when needed,
(Child's Full Name)

by Bethany Youth Retreat Center employees & volunteers associated with the Youth Retreat Program. Personal contact includes messages, reminders, announcements, etc., done through phone calls, cell phone texting, and messaging within social media apps. Phone numbers & social networking links of students are not kept on file anywhere & are only used when they have been personally shared with an employee/volunteer by the student or their parents/guardians.

(Parent/Guardian Signature)

(Date)

Permissions on this *Minor Contact Form* expires 1 year from date signed.

**Please contact Sr. Suzanne Thibault, Youth Retreat Director,
for more information or clarifications.**

New Erie Diocesan Policy for Child Protection requires parent/guardian permission for Adult employees/volunteers to contact students under the age of 18 through social media outlets and cell phones. A copy of the Diocese of Erie's policies pertaining to protection of youth and young adults can be found at www.eriecd.org