

FORM B

ANNUAL UPDATE

Participant's Name _____

I acknowledge having executed Form A, Parent/Guardian Continuing Consent Form and Liability Waiver, or Form C, Adult Youth Ministry Leader/Chaperone Medical Release and Liability Form, and that it remains in effect, thus, releasing Office of Youth Ministry, Office of Youth Ministry staff, parish and parish staff, additional chaperones and the Diocese of Jackson from any and all liabilities and waive all claims against them; and, requesting that proper medical treatment be obtained for my child should it become necessary.

Please check all items which apply:

_____ Since execution of Form A, there have been no changes in home address, home telephone number, employment numbers, mobile phone numbers, email addresses, emergency contact or other pertinent information for my child (me).

_____ Since execution of Form A, there have been changes in home address, home telephone number, employment numbers, mobile phone numbers, email addresses, emergency contact or other pertinent information for my child (me). These changes are listed below.

_____ Since execution of Form A, there have been no changes in medication or medical conditions for my child (me).

_____ Since execution of Form A, there have been changes in medication or medical conditions for my child (me). These are listed below.

_____ Since execution of Form A, there have been no changes in insurance coverage for my child (me).

_____ Since execution of Form A, there have been changes in insurance coverage for my child (me). These are listed below.

Please include a copy of any new or updated insurance card.

Signature of Parent/Guardian/Adult

Printed Name of Parent/Guardian/Adult

Date

Signature of Participant 18 years or older

Printed Name of Participant 18 years or older

Date