FORM B		ANNUAL UPDATE	
Participa	ant's Name		
Adult You Office of Jackson	outh Ministry Leader/Chaperone Medical Youth Ministry, Office of Youth Ministry	Guardian Continuing Consent Form and Liabi Release and Liability Form, and that it remain staff, parish and parish staff, additional chape claims against them; and, requesting that pro y.	ns in effect, thus, releasing erones and the Diocese of
Please	check all items which apply:		
		been no changes in home address, home tele mbers, email addresses, emergency contact	-
	· · · · · · · · · · · · · · · · · · ·	een changes in home address, home telepho addresses, emergency contact or other pertinow.	
		peen no changes in medication or medical condit	
Si	nce execution of Form A, there <u>have bee</u>	en no changes in insurance coverage for my c	child (me).
	nce execution of Form A, there <u>have bee</u>	en changes in insurance coverage for my child	d (me). These are listed below.
			_
Signatu	re of Parent/Guardian/Adult	Printed Name of Parent/Guardian/Adult	Date
Signatu	re of Participant 18 years or older	Printed Name of Participant 19 years or old	- Data