



**FORM B: ANNUAL UPDATE FORM**

Participant/Adult Leader/Chaperone Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ (adult)

I acknowledge having executed Form A (Parent/Guardian Continuing Consent Form and Liability Waiver) or Form C (Adult Leader/Chaperone Medical Release and Liability Form), and that it remains in effect, thus, releasing the Office of Youth Ministry, Office of Youth Ministry staff, Catholic Church/Parishes and Catholic Church/Parishes staff, additional chaperones, and the Diocese of Shreveport 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 initial one.

\_\_\_\_\_ 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.

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

Please initial one.

\_\_\_\_\_ 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 changes are listed below.

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

Please initial one.

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

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

**Please include a copy of any new or updated medical insurance cards.**

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

If you are an adult leader/chaperone, please initial all that apply.

\_\_\_\_\_ I am in compliance with all aspects of the Diocese of Shreveport Safe Environment Program, including the Protecting God's Children training program and background check, which I will keep current and up to date.

\_\_\_\_\_ If I volunteer as a driver to transport minors unrelated to me, I agree to have a current Motor Vehicle Report conducted through the Diocese of Shreveport, possess a valid driver's license, have the proper and current license and vehicle registration, and have the minimal acceptable insurance liability limits of \$100,000/\$300,000.

If the participant is 18 years or older, consent must be signed by both the participant and parent/guardian.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (if 18 years or older)

\_\_\_\_\_  
Printed Name of Participant (if 18 years or older)

\_\_\_\_\_  
Date