

VIRTUS "Teaching Touching Safety" Teen Program
Archdiocese of Los Angeles – 2014/2015

Participation/Agreement Form

Participants Full Name: _____

School/Religious Education Program: St. James Parish Youth Ministry/Confirmation
City: Redondo Beach, CA

Grade: _____ **Confirmation Year (circle one):** Year 1 Year 2 None

Please verify by initialing the following statement:

_____ The Safe Environment Program was offered to my child for Sunday February 22, 2015

Please verify by initialing ONE of the following statements:

_____ It is my choice that my child participate (attend) in the Program offered at St. James.

_____ It is my choice that my child not participate (attend) in the Program offered. I am requesting the materials from the parish, school or program for me to use to instruct my child on this topic.

Name of Parent/Guardian _____
(Please print clearly)

Parent Signature _____ **Date** _____

Please return signed form to:

Contact Name: Gabriel Reyes
Title: Director of Youth Ministry

St. James Parish
124 North Pacific Coast Highway
Redondo Beach, CA 90277
310-372-5228

This form is to be retained at your parish or school