PARENTAL CONSENT FORM

Date:_______________________

Minor’s Name____________________________________________ (Please Print)

__________  YES.  The Knights of Columbus has my permission to release and publish my son’s/daughter’s name, picture, and pertinent information in the Knights of Columbus promotions, advertising, and illustrations. Any personal information collected will only be used for Knights of Columbus record keeping and emergency procedures.

__________  NO.  I do not grant permission.

Parent or Guardian Name:___________________________________________ (Please Print)

Signature of Parent/Guardian:_________________________________________