



Trinity United Methodist Church
 213 Main Street, Hackettstown, NJ 07840
 908-852-3020 www.catchthespirit.org

Youth Ministry (Grade 7-12) Registration Form/ Medical & Liability Release/Photo Authorization 2024– 2025

(One form will cover all activities/retreats/mission trips for the entire program year July 2024– June 2025)

IMPORTANT: PLEASE COMPLETE BOTH SIDES OF FORM!

Date _____

Youth's Name _____ Goes by _____

Address _____

Home Phone _____ Birth Date _____

School Attending _____ Grade _____

Parent/Guardian Name _____

Cell Number _____ Email _____

Parent/Guardian Name _____

Cell Number _____ Email _____

If we cannot contact a parent in case of emergency, name a friend or relative who should be called.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I (we) understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my youth's well-being.

Parent/Guardian (please print) _____

Signature _____

Please list any allergies, medical concerns or other pertinent information:

PLEASE TURN TO SIDE 2 TO COMPLETE ADDITIONAL INFORMATION REQUIRED!



Waiver of Liability Statement - All activities for the 2024- 2025 programming year

I (we), the parent(s) or legal guardian(s) of the youth listed below, release all staff and Trinity UMC, together with the adults in charge, from any and all claims resulting from injury and damage that may be sustained by my (our) youth while participating in any or all activities, including transportation to and from, that are sponsored and/or led by Trinity UMC.

Participant's Name _____

Signature of Parent or Guardian _____

I (we) give permission for my (our) youth to receive communication from any Trinity ministry leaders/volunteers via:

Email	_____ Yes	_____ No
Instant Messaging	_____ Yes	_____ No
Calling via cell phone	_____ Yes	_____ No
Texting	_____ Yes	_____ No

Youth's (Grades 7-12) Cell _____ Email _____

Signature of Parent or Guardian _____

Throughout the course of church activities photos and videos are taken. We respect the privacy of all individuals, and for that reason, we ask that you please complete the following, keeping in mind that names will never be used.

Trinity UMC has permission to use photos and/or videos taken of my child in the following ways:

- During worship (knowing that our worship services are livestreamed on our Facebook page)

Yes: _____ No: _____

- Used for publications, promotional purposes, media press releases, bulletin boards and other such purposes on behalf of Trinity UMC?

Yes: _____ No: _____

- Posted on Trinity's website

Yes: _____ No: _____

- Posted on Trinity's social media (Facebook, Instagram, etc.)?

Yes: _____ No: _____

- Posted on Trinity's Family Ministry social media (these are closed groups monitored by Trinity UMC staff)

Yes: _____ No: _____

Signature of Parent or Guardian: _____