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 2026– 2027

(One form will cover all activities/retreats/mission trips for the entire program year July 2026– June 2027)

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 2026- 2027 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 _____

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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 _____

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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: _____ Revised 7/26