

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



Student Ministry (Grade 6-12) Registration Form/ Medical & Liability Release/Photo Authorization 2016 – 2017

(One form will cover all activities/retreats/mission trips for the entire program year July 2016 – June 2017)

IMPORTANT: PLEASE COMPLETE BOTH SIDES OF FORM!

Student's Name _____ Date _____
Address _____
Home Phone _____ Birth Date _____ Grade _____
Mom's/Guardian Name _____ Cell Number _____
Dad's/Guardian Name _____ Cell Number _____
Mom's Email _____ Dad's Email _____
Student's (Grade 8 -12) Cell _____ 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 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 child's well-being.

Parent/Guardian (please print) _____

Signature _____

Please list any medical allergies, medications being taken, medical problems or other pertinent information:

Please provide Medical/Dental information:

Doctor _____ Phone _____
Dentist _____ Phone _____
Insurance Company _____ ID Number _____
Group Number _____ Phone _____

PLEASE TURN TO SIDE 2 TO COMPLETE ADDITIONAL INFORMATION REQUIRED!

Waiver of Liability Statement - All activities for the 2016 - 2017 programming year

I (we), the parent(s) or legal guardian(s) of the child listed below, release Don Gebhard, Ginny Thorp, Laura lacampo, Cheryl Pami and Trinity Church, together with the adults in charge, from any and all claims resulting from injury and damage that may be sustained by my (our) child while participating in any or all activities, including transportation to and from, that are sponsored and/or led by Trinity Church Family Ministry.

Participant's Name _____

Signature of Parent or Guardian _____

Throughout the course of church activities sometimes photos and videos are taken. We respect the privacy of all individuals, and for that reason, we ask that you please complete the following photo release consent for your child.

By signing this photo release form, I give Trinity Church, Hackettstown, NJ, permission to use my child's photos as indicated below.

1. Do you grant permission for photos/videos to be taken of your child to be used within the worship context (i.e. Student Sunday worship)?

Yes: _____ No: _____

2. Do you grant permission for photos/videos to be taken of your child to be used for publications, promotional purposes, media press releases, bulletin boards and other such purposes on behalf of Trinity Church?

Yes: _____ No: _____

3. Do you grant permission for photos/videos of your child to be posted on Trinity's website?

Yes: _____ No: _____

4. Do you grant permission for photos/videos of your child to be posted on Trinity's Facebook page?

Yes: _____ No: _____

Signature of Parent or Guardian: _____