

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 2020– 2021

(One form will cover all activities/retreats/mission trips for the entire program year July 2020 – June 2021)

**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 (Grades 6-12) 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 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 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 2020 - 2021 programming year**

I (we), the parent(s) or legal guardian(s) of the child listed below, release Jisun Nam, Melissa Browns, Vania Stevenson 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 \_\_\_\_\_

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I (we) give permission for my (our) student 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

Signature of Parent or Guardian \_\_\_\_\_

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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. Children & Youth 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: \_\_\_\_\_

5. Do you grant permission for photos/videos of your child to be posted on Trinity's Family Ministry Facebook pages (these are closed groups monitored by family ministry directors)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_