

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 2023– 2024

(One form will cover all activities/retreats/mission trips for the entire program year July 2023– June 2024)

IMPORTANT: PLEASE COMPLETE BOTH SIDES OF FORM!

Date _____

Youth's Name _____ Goes by _____

Address _____

Home Phone _____ Birth Date _____ Grade _____

Mom's/Guardian Name _____ Cell Number _____

Dad's/Guardian Name _____ Cell Number _____

Mom's Email _____ Dad's 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 2023- 2024 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 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 youth. By signing this photo release form, I give Trinity UMC, Hackettstown, NJ, permission to use my youth's photos as indicated below.

1. Do you grant permission for photos/videos to be taken of your youth to be used within the worship context (i.e. Children and Youth Sunday) knowing that the worship service is livestreamed on Facebook?

Yes: _____ No: _____

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

Yes: _____ No: _____

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

Yes: _____ No: _____

4. Do you grant permission for photos/videos of your youth to be posted on Trinity's social media (Facebook, Instagram, etc.)?

Yes: _____ No: _____

5. Do you grant permission for photos/videos of your youth to be posted on Trinity's Family Ministry social media (these are closed groups monitored by Trinity UMC staff)?

Yes: _____ No: _____

Signature of Parent or Guardian: _____