



Trinity Episcopal Youth Community Participation Registration

*In order for youth to participate in any of the Trinity EYC programs, it is required that they have a form filled out and returned to the Youth Ministry Coordinator. **Please note that this is double-sided document.***

YOUTH INFORMATION

Full Name: _____ Age: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____

Cell Phone: _____ Ok to text? _____

Email: _____

PARENT INFORMATION

Parent 1 Name: _____

Address (if different): _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Parent 2 Name: _____

Address (if different): _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Relation to youth: _____

MEDICAL INFORMATION

Youth's Doctor: _____ Phone: _____

Insurance: _____ Phone: _____

Group ID/Policy #: _____

Allergies/Other Health Concerns: _____



Participant's Name: _____

ACTIVITY WAIVER

I grant permission for this minor to participate in the activities sponsored by Trinity Episcopal Cathedral Parish, 310 West 17th Street, Little Rock, Arkansas 72206 (501-372-0294).

I authorize an adult, in whose care the minor has been entrusted, to consent to x-ray examination, anesthetic, medical, surgery or dental diagnosis and treatment or hospital care, to be rendered to the minor under the general or specific supervision and the advice of a physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be able and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to this authorization.

I give permission for this minor to ride in any vehicle designated by the adult and driven by an adult in whose care Trinity Episcopal Cathedral Parish has entrusted the minor while participating in events sponsored.

I understand the general guidelines of behavior: the participant must respect and obey instructions of the adult(s) in charge and that no alcohol, illegal drugs or sexual misconduct is permitted.

I will assume all transportation costs for this minor if problems occur such that he/she must be sent home during any event or activity. I will take no civil action against the adult(s) in charge of events of Trinity Episcopal Cathedral Parish for normal care and supervision of the minor(s) in their charge.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

By signing below, I acknowledge that I have reviewed the guidelines for behavior with my parent/guardian and agree to abide by the policies set in order to maintain a safe and fun environment for myself and others.

YOUTH Signature: _____ Date: _____

Printed Name: _____

MEDIA RELEASE

_____ On behalf of my child the undersigned parent does agree to grant to Trinity Episcopal Cathedral Parish, permission to record on film, video tape, or audio tape, the participation of the minor child. The undersigned parent/guardian further agrees that any or all of the material recorded may be used, in any form, as part of any future productions made by Trinity Episcopal Cathedral Parish, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation to or for the benefit of the minor child, parent, or any other person or entity.

_____ Please do not use my child's video or photo. This will also take your child out of any group photo times.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____