

Children & Youth Ministry REGISTRATION FORM

CHILD/YOUTH INFORMATION

CHILD/YOUTH Full Name

Preferred Name

Pronouns

____/____/____
Birthdate

Age

Grade

School (optional)

Youth Email

Youth Cell

Primary Address

Secondary Address

Street

Street

City

State

City

State

Zip

Zip

Please list any Allergies/Medications/Health Concerns

PARENT/CAREGIVER INFORMATION

Primary Contact Name

Relationship to Child/Youth

Primary Contact Email

Primary Contact Phone

Secondary Contact Name

Relationship to Child/Youth

Secondary Contact Email

Secondary Contact Phone

I am registering my child for the following programs (check all that apply):

☐

Children's Ministry (ages 0-5th grade)

☐

Youth Ministry (6th-12th grade)

☐

Children & Youth Choir

Children & Youth Ministry

RELEASE FORM

PARENT/CAREGIVER NAME

CHILD/YOUTH NAME(S)

Please initial to indicate your consent to each of the following

_____ **LIABILITY RELEASE** I hereby, forever discharge, and agree to hold harmless Trinity Episcopal Cathedral, its employees, volunteers, and agents from any and all liability, claims, demands, causes of action, and possible causes of action arising out of any loss, damage, or accidental injury (including death) that may be sustained by my child while participating in or traveling to Trinity programs and events.

_____ **MEDICAL RELEASE** I understand that personal injury can and may occur to my child and I hereby authorize any members of the Trinity Cathedral staff and designated volunteers to seek and consent to emergency medical attention for my child. I further agree to be liable for and pay for all costs incurred in connection with such medical attention.

_____ **TRANSPORTATION RELEASE** I give permission to my child to ride in any vehicle designated by Trinity Cathedral employees and designated volunteers, while participating in and traveling to and from their events. And do hereby release, forever discharge, and agree to hold harmless Trinity Cathedral, its employees, volunteers, and agents from any and all liability, claims, or demands for accidental personal injury in the process of transportation.

_____ **ELECTRONIC COMMUNICATION RELEASE** I give Trinity Cathedral, its employees and designated volunteers to communicate directly with my child via (Check all that apply) ☐ E-mail
☐ Text Message
☐ Phone Call
☐ Video Conference (Zoom, Skype, etc)

_____ **AUDIO/VISUAL & SOCIAL MEDIA RELEASE** I give Trinity Cathedral consent to film, photograph, and/or record the participation of my child in programs and events. I understand all material may be used as part of future productions and publications made by Trinity Cathedral and that such use will be without payment of fees, royalties, special credit, to me, my child, or any other entity. No photos or recordings may be taken for personal use.

PARENT/CAREGIVER SIGNATURE

DATE