

Trinity Community Church Youth Ministries 2010-2011 Registration Form

1190 W. Winchester Road, Libertyville, IL 60048

(847) 367-8501 • www.trinitycomchurch.org

If any information on this form changes during the year, please notify the church office (847-367-8501)

STUDENT DATA

Name _____ DOB ____ / ____ / ____ Fall '10 Grade in School _____
Last First MI
Address _____ Home Phone # _____
City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name _____ Parent/Guardian #2 Name _____
Address, City, State, Zip (if different from above) _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

ALTERNATE EMERGENCY CONTACT INFORMATION

Name _____ Address, City, State, Zip _____
Phone (H) _____ Phone (W) _____ Phone (C) _____

HEALTH CARE INFORMATION (If you do not have health insurance, please write in "no insurance")

Name of insurance company _____ Policy Number _____
Name of insured _____ Group Number _____
Student's Doctor _____ City/State _____ Phone # _____
Dentist/Orthodontist _____ City/State _____ Phone # _____

STUDENT MEDICAL INFORMATION

Health History (give approximate dates – MM/YY) Allergies
____ Frequent Ear Infections _____ Diabetes _____ Bleeding Disorder Hay Fever Penicillin
____ Heart Defect/Disease _____ Asthma _____ Mononucleosis Ivy poisoning, etc. Insect Stings
____ Seizures _____ ADD/ADHD _____ Downs Syndrome Other (please specify): _____
____ Mumps _____ Chicken Pox _____ Tourette's Syndrome _____
____ Measles _____ Other: _____

Dietary restrictions (please specify): _____

List any chronic/recurring illnesses: _____

Other pertinent medical information/history you believe to be important for us to know about your student: _____

MEDICATIONS (List all prescriptions, over-the-counter, and herbal as applicable)

Medication Name: _____ Dosage: _____ Reason for taking: _____

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Blood type (if known): _____ Are all immunizations current? (e.g., MMR, tetanus) Yes No

(Over, please.)

Trinity Community Church Youth Ministries 2010-2011 Waiver/Release from Liability Form

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Effective June 1, 2010 through June 30, 2011

ACKNOWLEDGEMENT

I (We) acknowledge that my child's participation in the Trinity Community Church's youth ministry is voluntary and may include involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to, the following: cook-outs, boating, swimming, basketball, roller skating, rollerblading, games in the gym or park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, retreats overnight(s), service projects, excursions, and meetings. I (We) acknowledge that some youth ministry activities carry with them the possibility of unforeseen accidents, health hazards, and medical emergencies that may result in property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in Trinity youth ministry activities, I (we) agree to the following:

_____ (initial) Trinity is not responsible for the loss or theft of personal belongings.

_____ (initial) Student misconduct at a Trinity youth ministry activity may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

_____ (initial) I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications, and Trinity's internet websites.

_____ (initial) I understand that if I desire to limit my child's participation in any Trinity youth ministry activity, I will submit my wishes in writing to Trinity prior to that event.

WAIVER / RELEASE FROM LIABILITY

_____ (initial) I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:
A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Trinity youth ministry activities, the following persons or entities: Trinity Community Church, its Senior Pastor, Executive Pastor, and Associate Pastors, Elders, employees, volunteers, members, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein; C) In the event of gross negligence on the part of Trinity, Trinity staff or volunteers, I agree to settle any dispute by means of Christian arbitration; D) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all Trinity youth ministry activities.

_____ (initial) The undersigned, _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (student's name), hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

MEDICAL AUTHORIZATION & RELEASE

_____ (initial) I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for any behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Trinity representatives to provide the needed emergency treatment to the student prior to the student's admission to a medical facility.

Student's Name: _____

As Parent/Guardian of the above named student, I understand, acknowledge, agree to, and authorize all provisions stated above on this page _____ (Parent/Guardian signature).

Date: _____ Parent/Guardian Phone: _____