

TRINITY PRESBYTERIAN CHURCH – Bryant Late Start

Registration and Consent Form

Student(s) Name	Grade	Age	Parent(s) Name

Student Home Information		
Street	City	Zip
Home Phone		

Special Conditions
Please describe any special conditions or situations that applies to the student(s) listed above. Specify any allergies to food, medication, or insects; relevant custody concerns; medication.

Contact Information		
Parent/Guardian Name(s)		
Work Phone	Name	
Other Phone	Name	
Emergency Contact	Relationship	Phone
Emergency Contact	Relationship	Phone
Name of Person to pick up my child Must be one of the Emergency Contact People		

Consent for Emergency Medical Treatment	
In the event of medical emergency involving any of the students listed above, I understand Trinity Learning Center will attempt to contact me as soon as reasonably possible. If I cannot be contacted in a timely manner, I hereby authorize Trinity Learning Center to seek medical treatment for any students listed above, if Trinity Learning Center and its staff believe in their discretion referral for medical treatment is necessary. I further authorize a licensed medical facility, physician, or those under the direct supervision of the physician and/or medical facility, to administer emergency medical treatment if in the judgment of the medical facility and/or physician they believe such emergency medical procedures and treatment are necessary. I release Trinity Learning Center, its staff and Trinity Presbyterian Church from any and all claims or liability in regards to the exercise of their discretion in determining whether or not to refer a student for medical services, and hold Trinity Learning Center, its staff and Trinity Presbyterian Church harmless and indemnify them from liability of any kind in the event they act on my behalf and referral is made for medical treatment or services for a student.	
Parent/Guardian Signature	Date

Liability Release	
I assume all risks and hazards incidental to participation in Camp Trinity, including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless Trinity Presbyterian Church, staff members, church officers, assistants and persons transporting myself or my/our child, from any claim arising out of any injury to myself or my/our child. I give authorization for my child to ride vans/buses/cars provided by Trinity for all activities off of church property. Local sights they will be traveling to are parks, their community service site, planned activities with their group leaders, and group field trips.	
Parent/Guardian Signature	Date

Photo Release	
I hereby grant Trinity Presbyterian Church permission to publish photographs taken of any of my students listed above while engaged in Trinity activities for editorial, advertising, and promotional purposes for use in any print or electronic media. I agree that Trinity will own the copyrights to these materials and I will be order copies of any of these materials.	
Parent/Guardian Signature	Date