

Trinity Family Fellowship Youth Group Event Pass 2010

Trinity Family Fellowship
606 South 13th Ave
Yakima, Wa 98902
Office 509-248-9405
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Discipline, Liability & Medical Release Form I, the parent or legal guardian of the minor listed below, certify that he/she has my full approval to participate in ALL STUDENT MINISTRY EVENTS TO BE HELD BETWEEN January 1st THROUGH December 31st 2010. The minor identified on this form understands that all participants are expected to abide by the church rules and be directly responsible to the youth leaders and/or adult supervisors. Trinity Family Fellowship youth leaders/and or adult supervisors in charge assumes responsibility for discipline at the activity and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I, the parent or legal guardian, will assume full responsibility for returning the minor home.

Further, I do release and hereby agree to hold harmless Trinity Family Fellowship and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the listed youth activity.

Further, I do authorize the minister or sponsor of this activity or any Trinity Family Fellowship staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment required by the minor while on any activity. It is understood that I, the parent or legal guardian, will assume any responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that the said minor is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entrée form.

Signature of Parent/Guardian Date

Minor's Name _____
Last First M.I.

Birthday _____

Any allergies & medication currently taking: _____

Health Insurance Co. _____ Policy # _____

Parents/Legal Guardian _____

Home Address _____ City _____

State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Person to contact if you cannot be reached:

Name: _____ Relationship: _____ Phone: _____