

**PYC 2009 - 2010 Registration and Medical Release Form  
Trinity Presbyterian Church/Howell Mill Road/Atlanta, Georgia/ 30327**

**Participant's Information**

First Name	Middle Initial	Last Name
Street/Mailing Address	City/State	Zip Code
Phone Number	E-Mail Address	
School Attending	Grade	
Date of Birth		

**Parent's/Guardian Information**

Mother's First Name	Middle Initial	Last Name
Father's First Name	Middle Initial	Last Name
Mother's Work Number	Mother's Cell Number	Home Phone Number
Father's Work Number	Father's Cell Number	Family E-Mail

**Participant's Health Information**

Date of last Tetanus Shot	Regular Medication - Description and Schedule	Known Allergies/Medication that should NOT be given:
Pertinent Medical History including Allergies		
	Primary Doctor	Doctor's Telephone Number

**Health Insurance Information**

Major Medical & Health Insurance Company	Insurance Company Telephone Number
Group Number	Policy Number

*My son/daughter/dependant \_\_\_\_\_ has my permission to travel to and from and to participate in Trinity Presbyterian Church activities under Trinity supervision from 6/1/2009 to 5/31/2010. With the understanding that Trinity will assure that the activity is properly supervised, I hereby relieve Trinity, the leadership thereof, and the persons conducting this activity of any liability in connection with my son's/daughter's/dependant's participation in this activity. In the event of injury, illness, or medical emergency, I understand an attempt will be made to contact me at the phone numbers provided above. If I cannot be reached in time, I hereby authorize the Trinity adult chaperones to seek medical, rescue, or evacuation services for my son/daughter/dependent with the understanding that I am responsible for any expenses incurred.*

*I also understand that I am obligated to provide the Trinity Director of Ministry to Youth and Their Families, Associate Pastor of Ministry to Children and Their Families, or the Church Business Administrator with updated medical information on my son/daughter/dependant should any of his/her medical information change between the date I sign this form and 5/31/2009.*

\_\_\_\_\_ Parent's Signature