

**PYC 2011 2012 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	Cell Phone		

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 6/1/2011 to 5/31/2012. 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 5/31/2011.

_____ Parent's Signature