

**Parent Release Form**  
**for Holy Trinity Youth Group activities**  
For 7<sup>th</sup>-12<sup>th</sup> grade Students

**STUDENT INFORMATION**  
(PLEASE PRINT)

Student's Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of school you attend: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Cell Phone Number: \_\_\_\_\_

Parents' Names and Address: \_\_\_\_\_  
\_\_\_\_\_

Parents' Cell Phone: \_\_\_\_\_ Parents' e-mail \_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency Contact: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

There will be a community standard of behavior for all events. By signing below, you are agreeing to live by the following guidelines for all Youth Group activities. If the rules are broken, we reserve the right to notify parents and send the teen home if needed.

1. All participants will respect the human dignity of all, and will act accordingly to one another.
2. All participants are expected to fully participate in the event or activity until a parent arrives. Any exceptions to this rule must be discussed with the youth minister beforehand.
3. There will be NO SMOKING during any youth group activities and events.
4. No alcohol, illegal drugs, weapons, fireworks or explosives allowed.
5. There will be no sexual misconduct.

**I agree to the responsibilities assigned to me as a Holy Trinity Youth Group participant. I realize this is a Christian organization and I will act accordingly.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*Signatures are valid for 1 year from date signed.

**PARENT RELEASE**

Student Name: \_\_\_\_\_

**Medical Information and release of Liability:**

Please list any conditions your teen has that may be of concern. (Dietary Issues, Mobility impairments, past serious illnesses, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List any allergies your teen has. \_\_\_\_\_

List any medications your teen is presently taking.

\_\_\_\_\_

Does your teen need assistance with medication? \_\_\_\_\_

If yes, please list applicable instructions: \_\_\_\_\_

Do adult leaders have permission to dispense Tylenol, aspirin, Advil, Pepto-Bismol or other over the counter medications?

YES     NO

List any over the counter medications that you DO NOT wish your teen to take.

\_\_\_\_\_

Please list any additional information about participant’s behavior, physical, emotional or mental health or any restrictions on activity.

\_\_\_\_\_  
\_\_\_\_\_

In consideration for my child participating in Holy Trinity Episcopal Church, Melbourne, Florida, Youth Group events and activities, we (I), being 21 years of age or older, do for and on behalf of my child participant, if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless Holy Trinity Episcopal Church, Melbourne, Florida, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activity.

Furthermore, we (I) and on behalf of our (my) child participant if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parents or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills, if any.

Hospital Insurance  YES  NO Name of Insurance carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Family doctor's name and phone number: \_\_\_\_\_

If participant is under 21, both parents must sign unless parents are separated or divorced, in which case, the custodial parent must sign.

\_\_\_\_\_  
Father Date Mother Date

\_\_\_\_\_  
Legal Guardian Date

\*Signatures are valid for 1 year from date signed.