



trinity

Love. Transform. Serve.

## Day Trip Release Form

Event Name:		Event Date:	
Payment \$ amount:	Type of Payment:	Fees are non-refundable and non-transferable.	Date Paid:

### Student Information

Name of Participant:		Grade:	School:	
Address:		City:	State:	Zip Code:
Date of Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

### Parent Information

Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:

### Emergency Information

Emergency Contact Name:	Relationship:	Home Phone:	Work/Cell Phone:
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### Health Information

Medical Insurance Company:	Policy Number:
Health Concerns:	

### Release Information

I am the parent/legal guardian of the participant named below, and hereby grant my permission for him/her to participate fully in Trinity Lutheran Church related events/trips and activities, and to be transported off-site with Trinity staff members. In the event of an emergency and I cannot be reached, I give permission for the supervising Trinity staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

*(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)*

I give permission for my youth's photo to be used for publicity purposes:  Yes  No

Parent/Guardian Signature:	Date:
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I \_\_\_\_\_ (student name) understand that any inappropriate behavior will be dealt with immediately and may result in being sent home.

Student Signature:	Date:
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