



Youth Group Registration Form

Trinity Presbyterian Church

Our goal is to provide a safe, affirming place for students to learn about God, have fun, ask questions, and ponder their faith.

Student's Information:

Name _____
First Last Name child is used to being called

Student's mailing address _____

City _____ State _____ Zip _____

Student's phone number () - _____

Student's email address _____

Do you give permission for a background-cleared youth leader to contact this student by phone, text, or email? Please note that you will be carbon-copied on all communication. Yes _____ or No _____

Birthdate _____ Age _____ Primary Language _____
mm/dd/yy

What medical needs, allergies, or special instructions do you have for this student?

Parent or Caregiver Information:

Your Name _____

Relationship to child _____

Your phone number () - _____ ok to text? Yes or no

Your email address _____

Staff use: Date form received _____

If you are not the student's parent, what information can you provide?

Parent(s) name(s) _____

Parent phone number _(____)_____- _____ ok to text? Yes or no

Parent email address _____

Please see the reverse side for liability and photo release information.

Trinity Presbyterian Church Photo Release Form

Date: _____ Student name: _____

(Please Print)

I, _____, hereby give Trinity Presbyterian Church of West Sacramento the right and permission to publish photographs or videos of the above individual.

In giving my consent, I hereby release and hold harmless Trinity Presbyterian Church of West Sacramento, their offices, employees/volunteers, agents and designees from any and all responsibility or liability.

I understand my photograph (in digital format) along with this release form will be maintained at 1500 Park Blvd, West Sacramento, California, 95691.

I understand that Trinity Presbyterian Church of West Sacramento has full authority as to which information and photos they choose to reproduce either in print, electronic documents, or on its website.

I have read this agreement and understand it.

Signature

Date

Name: _____

Relationship to student Self, Parent, Legal Guardian

Address: _____

Telephone: _____

E-mail: _____

Please return one signed copy to Trinity Presbyterian Church

1500 Park Blvd

West Sacramento, CA 95691