



Trinity UMC Activity Release Form

Name: _____

Allergies and other medical conditions: _____

Age: _____ Last School grade completed: _____

Name: _____

Allergies and other medical conditions: _____

Age: _____ Last School grade completed: _____

Name: _____

Allergies and other medical conditions: _____

Age: _____ Last School grade completed: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ E-MAIL: _____

Mother: _____ cell: _____

Father: _____ cell: _____

In case of emergency: _____

relationship _____ phone _____

Is there a court order preventing anyone in your family from having your child. ___ yes ___ no
Emergency Medical Release: If emergency medical care is necessary, and I cannot be contacted, I authorize the Trinity staff to act on my behalf in granting permission for my child to receive emergency medical assistance.

Photographic Release: I give permission for my child to appear in any media coverage and on the Trinity website.

Parent's signature _____ date