

# 2022 TCC Student Ministries Information and Permission Form

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Child's Cell Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child's E-mail Address: \_\_\_\_\_

Parent / Guardian's E-mail: \_\_\_\_\_

(optional) 2<sup>nd</sup> Parent / Guardian's Name: \_\_\_\_\_

(optional) 2<sup>nd</sup> Parent / Guardian's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Information (Please list any allergies, health concerns, emergency medications, etc.):

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

Child's Primary Physician: \_\_\_\_\_

Child's Physician's Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

## Permission to Participate in Church Youth Group Activities

I give my permission for my child to participate in all activities – both on and off church property – sponsored by Trinity Christian Chapel of Sewell, NJ in 2022. Adult supervision will be provided for these activities, and I will receive advanced notice of these activities through the church website, pulpit announcements, notices posted within the church building, TCC Youth Fusion and Ignite Remind accounts, and / or other means prior to the event.

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During activities that occur on the church property but outside the church building, all students are required remain on church property unless accompanied by a staff member. If my child does not obey, by leaving church property, I will be notified at pickup. I understand that by reading and signing this permission form, I will hold harmless Trinity Christian Chapel of Sewell, NJ and any individual representatives, including but not limited to, legal fees and disbursements, damages, and / or injuries resulting from or occurring in connection with any Trinity Christian Chapel of Sewell, NJ Youth Group activity.

Furthermore, my signature on this form authorizes Trinity Christian Chapel of Sewell, NJ and its individual representatives to seek medical care in the event of an emergency. I understand and agree that Trinity Christian Chapel of Sewell, NJ and its individual representatives will contact me at the first opportunity in the event of an emergency.

## Communication Methods

During events we take photos and/or videos to post on our social media. We also communicate / update students as well as the parents / guardians via social media and texting.

Your signature on this form grants Trinity Christian Chapel of Sewell, NJ to:

- Make phone calls
- Send E-mail
- Send text messages
- Take photos / videos
- Post on church-approved and operated website and social media accounts (Twitter, Facebook, Instagram, etc.), and in print media.

## Consent

Parent / Guardian's Full Name (Please Print): \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_