



2020-2021
EDGE High School Youth Ministry
Registration &
Permission Form/Medical Release

** As emergencies are never predictable, both sides of this form are required to be filled out for participation in Trinity Youth Ministry Programs.

ONE FORM PER YOUTH

Youth's Name (first, middle, last): _____
Grade (20-21): _____ **School Attending:** _____
Youth's cell: _____ **Youth's E-mail:** _____
Permission to contact youth via text: ___Yes ___No **Permission to contact youth via Email:** ___Yes ___No
Birth date: _____ **Baptism date:** _____ **First Communion Date:** _____

Family Information:

Parent/Guardian _____
Street Address _____

City _____ **St** _____ **Zip** _____
Home Phone (___) _____
Work Phone (___) _____
Cell Phone (___) _____
Permission to text a "Ride Home Question" ___yes___no
Email _____
Church you attend _____

Parent/Guardian _____
Street Address _____

City _____ **St** _____ **Zip** _____
Home Phone (___) _____
Work Phone (___) _____
Cell Phone (___) _____
Permission to text a "Ride Home Question" ___yes___no
Email _____
Church you attend _____

Emergency Contact, if parents cannot be reached (List two with phone numbers):
Emergency Contact #1: _____ **Phone:** _____
Emergency Contact #2: _____ **Phone:** _____

Medical Information:

Special Medical Concerns, Medications being taken, Allergies (especially to food or medications):

Family Doctor: _____ **Phone:** _____
Family Dentist: _____ **Phone:** _____
Medical Insurance Company: _____ **Policy/ID #:** _____

Parent Involvement: I am interested in serving (Please consider choosing one because as a parent you play a huge role in your child's faith life) *Adults must be active members/visitors for a minimum of 6 months to volunteer with Trinity youth programs and a yearly background check is required.*
 _____ EDGE Group Leader/Helper (In-Person or Online) _____ EDGE Retreat Chaperone
 _____ EDGE Special Event driver/chaperone _____ Summer Mission Trip/Camp Chaperone