

**Trinity Student Ministries**  
**EVENT/TRIP INFO AND PERMISSION SLIP**

Activity & Dates: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M / F  
Friend of (if applicable): \_\_\_\_\_  
Medication Details: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Group#: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_

**Event Information**

**Guidelines of Behavior Expected for Participants**

- No alcohol, drugs, or smoking permitted.
- No inappropriate behavior with, or hanging out in bedrooms of the opposite sex.
- Please leave cell phones/ipods at home, or turn them in with staff for the duration of the trip.
- Abide by times and schedules wherever applicable – you're expected to fully participate.
- Respect the space where we stay, other students, and the authority of adult leaders.

I \_\_\_\_\_, will conduct myself according to the listed expectations, and with Christ-like behavior, understanding that I'm representing Trinity, my parents, my leaders, and Jesus. I agree that if I violate this promise, my parents may be notified and I may be sent home (at my parents' expense), and participation in future events may be jeopardized.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

**Parent/Guardian Permission**

I, \_\_\_\_\_, the parent/guardian of the student named above, have read this form thoroughly. I understand the expressed trip information and student expectations, and am aware of potential consequences facing my student should the expectations not be met. If my student needs to take medications during this event, I will notify the leader conducting registration and *will ensure that it is properly labeled in a sealed bag with dosage instructions*, and I permit trip staff to obtain any necessary medical care for my student should an emergency occur. I agree to defend and indemnify Trinity Church, its employees, and volunteers against any claim or action that might arise on behalf of myself or my son/daughter other than for the willful, wanton or reckless misconduct of Trinity Church, its employees or volunteers. I give my informed permission for my student to participate in this activity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date