



Trinity Baptist Church
 1211 East Maple Street
 North Canton, Ohio 44720
 330-494-7171
 Pastor David J. Wright



Participant's Name _____

Parental Consent and Medical Release Form

I (We), the parent(s)/legal guardian(s) of _____
 (minor), hereby give my (our) permission for full participation of my (our) youth in the
 following activity/trip:

My youth and I (we) fully understand and consent to rules and guidelines of the
 activity/trip and Trinity Youth Program's disciplinary policies and procedures.

Medical Information

In the event that I (we) cannot be contacted, I grant _____
 (Youth Leader in charge) the right to authorize emergency medical treatment by
 qualified medical personnel.

Please complete all information below:

Parent's/guardian's phone number: _____

Second/alternate phone number: _____

List any known allergies, dietary or physical restrictions:

Medical insurance company: _____

I.D. or contract number: _____

I hereby agree to my youth's participation in this trip/activity, and waiver all claims
 resulting from their participation against Trinity Baptist Church and its representatives.
 I do not hold Trinity Baptist Church, the Youth Leader or chaperones responsible for
 any accidents that could occur.

Parent's/guardian's signature: _____ Date: _____