

**Trinity Church in the City of Boston  
 Youth Forums/All Saints Overnight  
 6 pm October 28 - 10 am October 29, 2016  
 Registration Form**

Please complete **both sides** of this form and return to Mary Davis, c/o Trinity Church in the City of Boston, 206 Clarendon Street, Boston, MA 02116. Or email signed form to [mdavis@trinitychurchboston.org](mailto:mdavis@trinitychurchboston.org).

Name	Parent or Guardian's Name(s):
Address:	Parent/Guardian Email(s):
Home Phone:	Parent's Work Phone:
Parent/Guardian 1 Cell:	Parent/Guardian 2 Cell:

**Youth Commitment:**

Completion of this registration form indicates the participant's commitment to the following non-negotiable guidelines:

1. Possession and/or consumption of alcohol or illegal drugs is strictly prohibited.
2. No tobacco products of any kind will be used.
3. No sexual contact of any kind is permitted.
4. Participants will not go off on their own at any time without the specific permission of the adult leadership.
5. Participants agree to abide by the rules of the event facilities when on trips.

Non-compliance with these guidelines may result in the participant's immediate return home at the parent's time and expense.

I understand and agree to abide by these guidelines.

Date:	Youth Signature:
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**Parent or Guardian's Authorization**

1. I hereby give my permission for my child to attend the events of Youth Ministries at Trinity Church Boston, including an overnight.
2. I attest that I will not hold Trinity Church, or any of the adult leadership of the events, responsible for any liabilities, injuries, or other damages.
3. In the event that I cannot be reached in an emergency, I hereby authorize Mary Davis and the mentor team to hospitalize, secure proper medical treatment for, and to order injection, anesthesia, or surgery for my child.

Date:	Parent or Guardian's Signature:
Insurance Carrier:	Policy Number:

My child has the following dietary restrictions, medical conditions, allergies, medications or special needs:

In the event that I cannot be reached in an emergency, please contact:  
(We will call you first. This serves as a backup if we cannot reach you.)

Name:

Phone number:

It is helpful, but not required, for Youth Ministries to be able to contact youth directly by cell phone or text. All cell numbers are confidential and will not be shared with anyone outside the Youth Ministry team; no calls or texts will be made on matters not pertaining to Youth Ministry. Parents may request copies of the texts sent to their child at any time. **If you are willing for us to contact your child directly, please write his/her cell number here:**

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Please check here if you do **not** want to be added to the Youth Ministries mailing list and receive our monthly emails: \_\_\_\_\_