



Print Family's Last Name: _____

H. T. C. Family Ministry Enrollment Form

The purpose of enrollment is to record ministry to children attending Harbor Trinity Church.

Date Enrolled ____ / ____ / ____ H.T.Church ____ El Camino ____ Visitor ____

Child's Full Name _____ Birth Date ____ / ____ / ____ '10-'11 Grade ____ Allergies _____

Child's Full Name _____ Birth Date ____ / ____ / ____ '10-'11Grade ____ Allergies _____

Child's Full Name _____ Birth Date ____ / ____ / ____ '10-'11 Grade ____ Allergies _____

Parent/Guardian name(s) _____

Address of Child's Residence _____

City _____ Zip Code _____

Phone _____ E-mail _____

Family Information, Medical & Liability Release Form

Father's full name _____

Employer _____ Emergency Phone _____

Mother's full name _____

Employer _____ Emergency Phone _____

The child lives with: ____ both parents ____ mother ____ father ____ other: _____

Name of physician & phone # _____ Date of last tetanus shot _____

To Whom It May Concern:

I, the undersigned parent/guardian of _____, understand that my son/daughter is responsible for learning and following the rules & regulations created by the church and adult leaders in order to participate in any children's activities during the dates included on this release form. It is expressly understood by this parent/guardian that the above named minor is in a condition of health that warrants his/her participation in the scheduled activities during the dates included on this release form, and that an adult leader of these activities is hereby granted permission to take the named minor to a medical doctor for examination & treatment of any accident or illness that may arise during any activities attended during said dates. In consideration of this acceptance, said church, its agents, and employees are hereby released and relieved from all liability for accident & injury to said minor arising from any and all activities & events for which this release form is applied. I hereby consent to the use of any video tape, photographs or other visual or audio reproduction in which my child may appear by Harbor Trinity Church. I understand that these materials are being used for promotion of the ministry of Harbor Trinity Church. I release Harbor Trinity Church from liability connected with the use of my child's picture or voice recording as part of any promotional or recruitment program.

____ I understand that this release form will be used for all HTC children's activities & events from today's date to 6-31-11.

____ This release form is valid ONLY for the following event: _____ to be held on ____ / ____ / ____

Parent/Guardian Signature: _____ **Date** _____