

**Trinity Episcopal Church**  
**2216 Ball Street**  
**Galveston, Texas 77550**  
phone 409-765-6317    fax 409-762-7000    www.trinitygalv.org

**Registration for Youth Activities**

**Participant's Name** \_\_\_\_\_

**Goes by (name)** \_\_\_\_\_      **Male** \_\_\_\_\_    **Female** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_      **Age** \_\_\_\_\_      **Grade** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_      **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_

**Parent/Guardian Work phone(s)** \_\_\_\_\_

**Parent/Guardian Cell Phone** \_\_\_\_\_

**If unavailable in emergency, notify** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Allergies to medications and reaction** \_\_\_\_\_

**Food Allergies and reaction** \_\_\_\_\_

**Other allergies** \_\_\_\_\_

**Medications sent with participant** \_\_\_\_\_

**Note: Prescribed medications must be in original pharmacy container with the correct name, date, instructions, and physician's name on label.**

**Please notify the event coordinator if this participant has been exposed to any Communicable disease within 3 weeks prior to this event.**

**Participants will NOT be allowed to attend if they arrive at the event ill.**

**Are there any over the counter medications that the participant should NOT receive if any minor symptoms develop? (i.e., Tylenol, Advil, Kaopectate, etc.)**

\_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Policy #** \_\_\_\_\_      **Group #** \_\_\_\_\_

**Insurance Company Phone** \_\_\_\_\_