

# REQUIRED FOR SOUND TO SEA PARTICIPATION

## Student Registration Form

Student: \_\_\_\_\_ School: Apex Elementary

I give permission for \_\_\_\_\_ to participate in the Trinity Sound to Sea Environmental Education Program held at Trinity Center located in Pine Knoll Shores, North Carolina. I understand that the students will be housed at the center from \_\_\_\_\_ to \_\_\_\_\_ and participate in educational activities as an extension of the classroom studies.

Should my child sustain or incur any accident or illness while attending Trinity Sound to Sea Environmental Education Program, I hereby authorize the Director, or his agent, to perform reasonable Good Samaritan actions or execute any documents, including any necessary releases, which might be required by any medical facility to perform any emergency care in my behalf. In the event that a child has an illness or accident during the program which requires a visit to the doctor or hospital, the existing family or school policies will represent the primary insurance coverage.

I understand that my child will engage in outdoor activities that could involve risk of injury and that by allowing my child to participate, I assume all responsibility for injuries resulting from my child's unsafe and/or inattentive behavior or failure to follow instructions from group leaders of the activity.

I understand that the director or school leaders may dismiss my child from the Sound to Sea Program if, in their opinions, his or her conduct is not in the best interest of the entire group. I also understand that I am responsible for transporting my child in the case of a discipline or medical problem where the school leaders deem it necessary for the student to return home.

I further agree that in consideration of my child attending Trinity Sound to Sea Environmental Education program, I will hold the said Trinity Center harmless from any action by me or my child on account of any injury or damage sustained or suffered by my child while attending Sound to Sea. I hereby waive any right of legal action against Sound to Sea, Trinity Center or the Episcopal Diocese of East Carolina.

I  do/ do not (please check one) give permission for images and audio of my child, captured during Sound to Sea activities through video, photo and digital camera, to be used solely for the purposes of Trinity Center and Sound to Sea promotional materials and publications, and waive any rights of compensation or ownership thereto.

**Signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature  
Required**

**Insurance Information:** This section to be completed by a parent or guardian.

Is your student covered by a health or accident insurance policy? **Yes** \_\_\_ **No** \_\_\_

If "yes," list policy type (school or other) \_\_\_\_\_

Address of Insured (Student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Address of Employer/Employee that provides coverage:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Address of Insurance Company (Address to submit claims)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number of Company (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medicaid # \_\_\_\_\_

\_\_\_\_\_ Student is not covered by insurance.