

# REQUIRED FOR SOUND TO SEA PARTICIPATION

## Student Registration Form

Camper Name: \_\_\_\_\_

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 from \_\_\_\_\_ to \_\_\_\_\_ and participate in educational activities.

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/her agent, to perform reasonable Good Samaritan actions; to determine whether the child should be transported to an urgent care or hospital facility; to arrange transit if necessary; and to notify parents or guardians as listed on this form. Doctors and hospitals generally seek parental releases for treatment, though emergency and life-threatening situations are dealt with on a case-by-case basis.

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 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 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 it is deemed necessary for the camper 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, damage, or illness (including Covid-19) 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.

**DO NOT** give permission for images and audio of my child, captured during Sound to Sea activities through video, photo and digital camera. I understand that by not checking this box I give permission for such pictures to be taken and to be used solely for the purposes of Trinity Center and Sound to Sea promotional materials and publications. In addition, I waive any rights of compensation or ownership thereto.

<b>Signature</b> _____	<b>Relationship</b> _____	<b>Date</b> _____
------------------------	---------------------------	-------------------

### 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 \_\_\_\_\_

**Signature  
Required**