## TRINITY PREP SCHOOL OF LOGANVILLE

2213 Commerce Dr. Loganville, GA 30052



Activity:		Y	Year:	
Please fill in all that apply for the current school year				
Partici	ipant Information (Please	Print)		
Name	DOB	Age	Sex	
Address	City		Zip	
Parent's Email				
BEST Cell Contact #				
	RELEASE			
of this and acknowledging that the part hereby waiver release, absolve, indem coaches, instructors, officials, and volu- the below said participant(s) during the responsibility for payment of medical minor first-aid will be administered we set forth by Trinity Prep School. I furt will be no exceptions.	enify, and agree to hold harmless unteers from any and all liability his activity. I understand that the treatment or transportation to when necessary. I further agree to	Trinity Prep Scl y arising out of a e above named po or from the plac o abide by the po	hool, their employees, ny injury suffered by arties will not assume e of treatment. Only licies and procedures	
Parent's Signature				
	Office Use Only			
Amount paid	Cash Check#	Date_		