



Seattle Mission Trip

March 22-27, 2026

We are taking a team of teens (13 years old thru 12th grade) to the Seattle area and partnering with three non-profits in hopes of displaying God's love in acts of service in their community.

**COST \$100 // SPACE IS LIMITED!
APPLICATION & INTERVIEW REQUIRED**

**CONTACT PASTOR ROB TO APPLY
541.821.7261 // ROB@TRAIL.ORG**

Trail Christian Fellowship Medical and Permission Slip
Teen Seattle Mission Trip (March 2026)

This form must be completed and returned to Pastor Robert Milton or Lila Wade
before you may participate in this event.

Name(s) of Attendee(s):_____

Birthdate(s):_____

Address:_____

Email:_____

Primary Phone: _____ Texting: Y N

Health Insurance: Y N Provider:_____

ID #: _____ Policy/Group #:_____

Food Allergy (s): Y N if Yes, please list:_____

_____: PERMISSION TO TREAT ABOVE LISTED (EVEN A MINOR)
(Initial to allow) I authorize Trail Christian Fellowship, in whose care the above
listed has been entrusted, to consent to any emergency transportation, x-ray
examination, anesthetic, medical, surgical or dental diagnosis or treatment and
hospital care to be rendered to the minor under the general or special
supervision and on the advice of any physician or dentist licensed under the
provisions of the Medical Practice Act on the medical staff of a licensed
hospital or emergency care facility. The undersigned shall be liable and agree(s)
to pay all costs and expenses incurred in connection with such medical and/or
dental services rendered to the aforementioned to this authorization.

_____: MEDIA RELEASE
(Initial to allow) I hereby grant permission to Trail Christian Fellowship to use
photos and videos containing the face and likeness of above listed for various
purposes such as printed material, publications, displays, video productions,
Pro Presenter presentations, etc., as well as for the various TCF sites on the
internet.

I hereby give permission for the above listed to attend and participate in
Trail Christian Fellowship’s High School & Middle School event
named on this permission slip.

(Legal Responsible Party Signature) (Phone) (Date)

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