

CALVARY CHAPEL CROSSROADS YOUTH MINISTRY

PERMISSION/MEDICAL RELEASE FORM 2018

(Please print) MEDICAL INFORMATION

Youth's Name _____ Date of Birth _____

Address

City _____ State _____

Zip _____

Names of Parents/Guardians

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Persons to call if Parent or Guardian cannot be reached in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Health Insurance Provider _____

Policy # _____

Are there any special health conditions of which Connections Community Church should be aware (such as allergies to medicines or bee stings, epilepsy, heart conditions, etc.)?

(Please check one) Yes No

If the answer to the preceding question was "Yes," please explain in detail: _____

Does your child know how to swim? (Please check one) No Yes

If yes: Beginner Intermediate Advanced

PERMISSION AND RELEASE

As the parent (or guardian) of the above named attendee, I grant permission for my son or daughter to attend Calvary Chapel Crossroads 2018 activities and events and authorize Calvary Chapel Crossroads and its chaperons, to transport and supervise my child in connection with his or her attendance at the various activities throughout the 2018 year.

I do further hereby give, release, absolve, indemnify, and agree to hold harmless, Calvary Chapel Crossroads, its Board of Elders, staff, volunteers, and persons transporting my son/daughter to and from the activity and associated activities from any claim arising out of injury to my son or daughter, except to the extent such harm is the result of the intentional misconduct of Calvary Chapel Crossroads or such other party seeking to enforce this release.

Signature _____ Date _____
Name (please print) _____

MEDICAL CARE AUTHORIZATION

As the parent (or guardian) of the above named attendee of Calvary Chapel Crossroads youth activities, I hereby authorize Calvary Chapel Crossroads and its chaperones to seek and have emergency medical first aid administered to the above named attendee during the 2018 year.

Signature _____ Date _____
Name (please print) _____

WAIVER OF PUBLICITY FORM

I give permission for the use of any photos, movies, and audio or video tapings of my child's activities in connection with Calvary Chapel Crossroads youth ministry, to be used with CCC's approval for educational or religious purposes, media coverage, or for publicity benefiting educational or religious purposes.

Signature of Parent/Guardian _____ Date _____

Relationship to Youth _____