



GENERAL PERMISSION FORM FOR ACTIVITIES

I hereby give my child, _____, permission to participate in _____ (event) on _____ (date).

I release Crossroads Church, its staff and volunteers, from responsibility and liability for an injury or illness that my child may sustain during this activity, also including transportation off the church property. In the event of an emergency, I hereby authorize an adult leader of this activity, as an agent for me, to consent to an x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. I expect to be contacted as soon as possible.

By signing this form, I also give permission to waive the right to any type of compensation, for my child to be photographed or videotaped at this event. Picture/Video may be used for promotional or educational purposes.

Parent/Guardian Signature _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Child's Birth Date: _____

Allergic to medication / other? NO YES (circle one) If yes, please describe:

Medication(s) presently taking:

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification / Social Security Number: _____

In Case of Emergency

In case of emergency, contact: _____

Phone number: _____