

Event Participation Form

September 1, 2011 – August 31, 2012



Crossroads
BIBLE CHURCH

I/We _____ parent(s) or legal guardian(s)
of _____ (name of minor) hereby give consent for said minor to
attend any Crossroads student events officially sponsored by Crossroads Bible Church from
September 1, 2011 through August 31, 2012.

In the event said minor becomes ill or is injured requiring immediate medical attention while
under the care of Crossroads Bible Church and/or its representatives, I/we hereby give my/our
consent for said treatment and agree to be responsible for said treatment as deemed necessary
by a licensed physician.

I/We further agree to hold the treating physician, the medical facility, Crossroads Bible Church
and its representatives free and harmless of any claims, demands or suits for damages arising
from the authorized and/or provision of said medical treatment.

I/We further hereby release Crossroads Bible Church and its representatives from any liability
due to accident or injury in the normal course of Crossroads student events.

Signed: _____
Print Name: _____
Signed: _____
Print Name: _____
Date: _____

Every possible safety precaution will be taken by those in charge and every possible attempt will be made
to contact the parent(s) or guardian(s) immediately in the event of an injury or other emergency. This form
will be kept on file for one year. If any of the information changes during the year, please notify us of the
changes.

Name of Parent/Guardian _____
Name of Minor _____ Grade of Minor _____
D.O.B. ____/____/____
Address _____ City _____ Zip _____

Phone Numbers

Home _____ Work _____ Cell _____

Parent email _____
Student email _____
School _____
Emergency Contact if Parent/Guardian cannot be reached _____
Phone _____
Special Medications/Medication Allergies/Other
Allergies _____

HEALTH INSURANCE INFORMATION:

Name of Insurance Company _____
Phone _____
Policy Number _____
Family Doctor _____
Doctor's Phone _____