

**Release Form**  
**Crossroads Community Fellowship Permission/Release Form**

In consideration for permitting \_\_\_\_\_ to participate in attending  
(Minor child's name)  
**Youth Activities (including but not limited to lock-ins, retreats, conferences etc. which may include trampolines, sports, and amusements etc.)** during the year  
January 1, \_\_\_\_ –December 31, \_\_\_\_, I hereby release Crossroads Community  
Fellowship, their employees, agents, subsidiaries, and affiliates from all claims that  
could be brought by \_\_\_\_\_ or his/her heirs, executors,  
(Minor child's name)  
administrators, agents, assigns or by myself, arising from injuries to persons or loss or  
damage to property that in any way results from participation in this event. In the event  
that I cannot be reached in an emergency, I hereby give permission to the physician  
selected by the authorized group leader to hospitalize, secure proper treatment for, and/or  
order an injection, anesthesia, or surgery for my child as named above.

\_\_\_\_\_  
**(Parent/Guardian Signature)**

\_\_\_\_\_  
**(Date Signed)**

**Emergency Information & Medical Release Form  
Crossroads Community Fellowship**

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone 1 \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone 2 \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

If not available please notify:

1. Name/Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (include home, work and/or cell) \_\_\_\_\_

2. Name/Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (include home, work and/or cell) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Address \_\_\_\_\_ Insurance Carrier \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies/Reactions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operations/Serious Illnesses (please include dates if possible) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chronic/recruiting illnesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diseases or other illnesses other than those listed above \_\_\_\_\_  
\_\_\_\_\_

Medications Currently Prescribed \_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

**Parental Authorization**

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the authorized group leader to hospitalize, secure proper treatment for, and/or order an injection, anesthesia or surgery for my child, as named above. This authorization is applicable for the entire ministry year of January 1, 2007- December 31, 2008.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_