



The Bridge Youth Ministry
at the **Church of the CrossRoads**



CONSENT AND LIABILITY WAIVER FORM

I, _____ give permission to take _____ on the
(parent/guardian) (name of youth)
following activity _____.

In consideration of the attendance of my child at the above named activity by Church of the CrossRoads, of Corinth, Mississippi, and for allowing my child to participate in this activity, I do hereby release and discharge Church of the CrossRoads and all of its directors, agents, and adult leaders acting officially or otherwise from any and all claims, demands, actions, or causes of action on account of any injury sustained by my child during said above named activity. I hereby authorize any director, adult leaders, or agent of Church of the CrossRoads to obtain emergency medical treatment for my child at any time during the above named activity. I understand that an attempt will be made to notify the parents first. If the parents are not available, however, the youth will be taken to the emergency room at the nearest hospital as circumstances may warrant.

If any conduct of the participant warrants them to be excused from participation in the event, I assume all responsibility for disciplinary action and picking up my child upon being notified by the adult leader/Youth Director. Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

Please list any special medical/health information (including medication) concerning youth member listed. _____

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

(signature of parent/guardian)

(date)

(home phone)

(other phone)

MEDICAL RELEASE FORM

YOUTH MEMBER NAME: _____.

BIRTH DATE: _____. MALE: _____. FEMALE: _____.

HOME ADDRESS: _____.

CITY/STATE/ZIP: _____.

HOME PHONE: _____. CELL PHONE: _____.

I hereby authorize any director, youth counselor, or agent of Church of the CrossRoads to obtain emergency medical treatment for my child at any time during any youth activity. I understand that an attempt will be made to notify the parents first. If the parents are not available, however, the youth will be taken to the emergency room at the nearest hospital as circumstances may warrant.

Name & Address of Insurance Company: _____
_____.

Policy number: _____.

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participant? If so please specify:

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Date of last tetanus shot: _____

Please list any special medical/health information (including medication & allergies) concerning youth member listed

(signature of parent/guardian) (date)