

# CCFC Senior High Youth Release Form

This will be for the year: January 1-December 31, 2010 \_\_\_\_\_ Parents initial

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

The undersigned, parent of (please list each student)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Residing at: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I hereby give my consent to the staff/chaperons of CCFC and CCFC Youth, to contract, consent and obtain x-ray examination, anesthetic, medical or surgical diagnosis or treatment including but not limited to operative care, hospital care, dental or surgeon of their choice licensed in any state of the United States of America. I assume full responsibility and furthermore give my permission to obtain and administer any necessary medical attention in case of an emergency. I will accept the financial responsibility of such treatment. I hereby give my consent to the staff/chaperons of CCFC to transport said minor/minors to and from events. I release Crossroad Christian Fellowship Church, its employees and its volunteers from any liability should there be personal injuries, lost stolen or damaged belongings of said minor/minors.

Print Parent/ Legal Guardian \_\_\_\_\_

Signature Parent/ Legal Guardian \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/Group Numbers: \_\_\_\_\_

Insurance Co Phone Number: \_\_\_\_\_

Relevant medical information; allergies to medications and or food, medications, medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_