

CCFC AWAKEN Youth Release Form

Activity: _____

Date: _____

The undersigned, parent of...

Residing at: _____

Cell Phone #: _____

Home Phone #: _____

Hereby give my consent to the 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, and 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 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. My child will cooperate with Staff, counselors, rules, and program.

Signed:

(Parent/Legal Guardian)

Insurance Company and Policy #

Relevant medical information (Allergies, Medications, etc...)

In case of emergency, please contact:

I have read the guidelines provided and I agree to fully cooperate with Staff and follow the instructions provided.

Teen Signature: _____ Date: _____