Yearly CCFC AWAKEN Youth Release Form

I _____ authorize this release form to be used for _____
(parent printed name) (child printed
_____ for the events and activities for the year _____.
name)

Parents' signature_____ _____

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:_____