

2011 Permission/Medical Release Form

Youth Ministry of Crosspoint Fellowship of Republic
 1664 U.S. 60 Republic, MO 65738

Permission to Participate

This year at Crosspoint Fellowship in Republic, Missouri we are planning a host of activities to foster spiritual growth and fellowship within our youth group and with their friends. If an activity is planned that is not listed below, a separate permission form will be sent home.

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Bible Study/Class Fellowships | <input type="checkbox"/> Yes <input type="checkbox"/> No — Super Bowl Parties |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Sunday Night Fellowships | <input type="checkbox"/> Yes <input type="checkbox"/> No — True Love Waits Rally |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Home Bible Study/Discipleship Groups | <input type="checkbox"/> Yes <input type="checkbox"/> No — Fifth Quarter Fellowships |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — After Church Fellowships | <input type="checkbox"/> Yes <input type="checkbox"/> No — Movie Nights/Sports Nights |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — All Night Lockouts/Lockins | <input type="checkbox"/> Yes <input type="checkbox"/> No — Turkey Bowl |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Back to School Fellowships | <input type="checkbox"/> Yes <input type="checkbox"/> No — Senior End of the Year Fellowship |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Retreats (DiscipleNow, Midwinter, etc) | <input type="checkbox"/> Yes <input type="checkbox"/> No — Corn Maze Trip |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Guy's Only Retreat/Girls Only Retreat | <input type="checkbox"/> Yes <input type="checkbox"/> No — Amusement Park Trips |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Vacation Bible School | <input type="checkbox"/> Yes <input type="checkbox"/> No — Canoe Trip/Rafting Trip |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Summer Camp | <input type="checkbox"/> Yes <input type="checkbox"/> No — Cultural Trips (Museums, tours, etc) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Home Mission Trips | <input type="checkbox"/> Yes <input type="checkbox"/> No — Christian Concerts/Festivals |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — International Mission Trips | <input type="checkbox"/> Yes <input type="checkbox"/> No — Shopping Trip |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Local Mission Activities | <input type="checkbox"/> Yes <input type="checkbox"/> No — Pool Parties |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — New Years Event | <input type="checkbox"/> Yes <input type="checkbox"/> No — Young Christians Weekend |

In attending the above events, your child will have the opportunity to participate in various activities. Several of these require special training and have a degree of hazard. From the list below, please check yes or no for each activity you will allow your son/daughter to participate in. Consideration should be given to training, physical ability and maturity of your son/daughter.

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Bus/Van Travel | <input type="checkbox"/> Yes <input type="checkbox"/> No — Repelling/Rock Climbing |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Bowling | <input type="checkbox"/> Yes <input type="checkbox"/> No — Cook Out/Bonfires |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Camping | <input type="checkbox"/> Yes <input type="checkbox"/> No — Hay Rides/Corn Maze Trips |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Amusement Park Rides | <input type="checkbox"/> Yes <input type="checkbox"/> No — Hockey (Street, Ice and Broomball) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Lake Swimming/Diving | <input type="checkbox"/> Yes <input type="checkbox"/> No — Skating (Roller and Ice) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Boating/Sailing | <input type="checkbox"/> Yes <input type="checkbox"/> No — Mountain Biking |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Water Skiing/Tubing | <input type="checkbox"/> Yes <input type="checkbox"/> No — Paintball/Laser Tag |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Canoeing/Rafting/Floating | <input type="checkbox"/> Yes <input type="checkbox"/> No — Nerf Finger Darts |
| <input type="checkbox"/> Yes <input type="checkbox"/> No — Climbing/Hiking | <input type="checkbox"/> Yes <input type="checkbox"/> No — Snow Skiing/Snow Tubing/Sledding |

General Safety Questions:

- Yes No — My son/daughter may ride in private transportation provided be a student driver.
- Yes No — My son/daughter may rider in private transportation provided be an adult.
- Yes No — I grant permission for use of my child's image to be used in print and digital media in accordance with child safety practices.

Yes No — I (we) agree that all of these activities have some degree of risk and by allowing my (our) son/daughter to participate, I assume responsibility for any accidents that may occur. I agree to hold harmless Crosspoint Fellowship, youth leaders and chaperones for any accidents that might occur. In the event that an accident, injury or sickness occurs, I (we) authorize Crosspoint Fellowship staff and/or chaperones to provide appropriate medical treatment on our behalf.

General Information

Students Name: _____ Fathers Name: _____

Address: _____ Home Telephone: _____

City: _____ Work Number: _____

State: _____ Zip: _____ Cell Telephone: _____

Telephone: _____ Mothers Name: _____

SSN: _____ Home Telephone: _____

Lives with: Both parents Father Mother
 Other Work Telephone: _____

Cell Telephone: _____

Medical Information

Primary Doctor: _____ Office Telephone: _____

Primary Dentist: _____ Office Telephone: _____

Orthodontist: _____ Office Telephone: _____

Other Care Providers: _____ Office Telephone: _____

Insurance Policy Information

Company Name: _____

Policy Number: _____ Goup Number: _____

Prescription Coverage: No Yes — Company: _____

Prescription Policy Number: _____ Group Number: _____

Special Instructions:

My child has these medical conditions that emergency medical personnel and others may need to know about:
(special conditions: asthma, allergies, current medications, recent medical treatment/surgeries, etc.)

Permission to Participate/Permission to Treat

I have read and understand the preceding and agree that my son/daughter is allowed to participate in those items indicated above. I also agree that I will hold harmless the church, its leaders and volunteers for any accidents that may occur. If necessary, I authorize medical treatment for my son/daughter and have listed applicable medical insurance information above.

Signatures of Parents/Guardians

Parent/Guardian _____ Date ____ / ____ / ____

Parent/Guardian _____ Date ____ / ____ / ____