

Crossroads Ministries

107 Milton Ave. P. O. Box 1201
Broadway, North Carolina 27505
(919) - 258 - 3773

Parental Consent, Certification, Release and Medical Authorization

Parents and legal guardians of minors are asked to complete this form and return it to *Crossroads Ministries*. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities. Please print legibly.

Youth's Full Name: _____

Date of Birth: _____ Home Phone: _____

My Child's Medical Insurance Coverage: _____

Current Medications: _____ Allergies: _____

Swimming Abilities (none, beginner, average, excellent): _____

Consent & Certification

I, the undersigned father, mother, or legal guardian of the above named youth, hereby authorizes his/her attendance at, and participation in the functions as well as travel to, from, and during such functions that are planned and/or sponsored by the Student Ministries of *Crossroads Ministries*.

In the event of any emergency where medical treatment is required, I give my permission to the church staff, representative, or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

I release my youth to the care and supervision of *Crossroads Ministries* and its various ministries given the information stated above as true and accurate. I will not hold *Crossroads Ministries* or its insurers, or any of its various ministries or workers responsible for any accident or injury, which my youth may experience.

I understand that these activities may include field trips, camping, hiking, water sports, sporting events, and any other activities similar to and customarily associated with church youth groups. I hereby certify that the aforementioned child is physically fit and adequately trained to engage in these activities including swimming (except noted above).

Signature of Youth & Date _____

Signature of Legal Guardian & Date _____