



Crossroads Fellowship Christian Reformed Church
Parental Consent and Release Form
Program Year: _____

Youth Information:

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip _____

Parent or Guardian:

Name: _____ Phone: _____

Email: _____

We (I) give permission for my child named above to participate in Crossroads Fellowship CRC youth program events. In addition, we (I) hereby agree to hold harmless the church or any person in its organization for the result of any negligent, willful, or intentional acts of my child which requires repair and/or reimbursement of expenses for any damage they may have incurred.

Further authorization and permission are given for my child named above to attend activities such as outings, group activities, work projects, etc. sponsored by Crossroads Fellowship CRC either on its property or another location.

Further, we the parent(s)/guardian(s) of said child, grant permission to the pastor, youth leader, or an adult volunteer to secure and authorize medical treatment, including but not limited to emergency surgery or medical treatment. In the event of sickness or injury to our (my) child(ren), we (I) assume responsibility for all medical bills, if any occur.

Further, if it is necessary for our (my) child(ren) to return home due to medical reasons or disciplinary action, we (I) assume all transportation costs.

Hospital insurance? Yes No Insurance Co: _____

Policy and Group Number: _____

Physician: _____ Phone: _____

Emergency Contact (name and phone #): _____

Relationship to Youth: _____

Parent/Guardian Signature: _____ Date: _____