



Last Name: _____

First Name: _____

Activity: _____

Date(s) of Activity: _____

Contact Information:

Name of Participant	Date of Birth	Grade	Phone #
			D Yes D No
Address	City	Zip	Are you a Christian?
Parent/Guardian Name	Phone #	Alternate Phone #	Email
Parent Address (if different from Participant)	City	State	Zip
Emergency Contact 1	Phone #	Alternate Phone #	Relation
Emergency Contact 2	Phone #	Alternate Phone #	Relation

Medical Information: (attach additional pages if necessary)

Company Name	Policy #	Insured ID #
		D Yes D No
Current Doctor	Phone #	Immunizations Current?

<p>Allergies/Reactions: (List below or write none)</p> <hr/> <p>Current Medications/Dosages: (List below or write none)</p> <hr/> <p>Medical Conditions/Information to be aware of: (List below or write none)</p>	<p>Give the leaders permission to administer the following over the counter drugs: (please check all that are allowed)</p> <p style="text-align: center;"> <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Naproxen <input type="checkbox"/> Anti-nausea <input type="checkbox"/> Anti-diarrhea <input type="checkbox"/> Sudafed <input type="checkbox"/> Benadryl </p>
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I, the undersigned parent or guardian of the minor child listed above, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I do, hereby, expressly consent that my child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physical, hospital or other medical center for rendering such services.

Parent/Guardian Signature

Date

8300 Tezel Rd.
San Antonio, TX 78254
210.681.1911



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Waiver of Liability Statement

I, the parent or legal guardian of the child listed above, release Crossroads Baptist Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in or traveling during the activity above.

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release to be used, distributed, or shown as Crossroads Baptist Church sees fit, including but not limited to publications or websites.

I understand all reasonable safety precautions will be taken at all times by Crossroads Baptist Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Crossroads Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this release form.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Participant Statement

I agree to abide by all the rules established for an activity and will cooperate fully with all those in leadership positions. I will not leave the group or activity area at any time without the special permission of the designated responsible person. I understand that violation of the established rules may be cause for me to be sent home at the expense of my parents.

Participant Printed Name

Participant Signature

Date