



# CROSSROADS COMMUNITY CHURCH

## PERMISSION FORM

I give \_\_\_\_\_ permission to participate in the Youth Outreach Trip to Vancouver provided by Crossroads Community Church during the dates of August 8-11th, 2017. I support the key sponsor, Danielle Raverty, in acting as the responsible leader who is in touch with the parent(s) and youth's needs. I expect my child to abide by the rules and instructions provided by the leader.

\_\_\_\_\_  
(signed parent/guardian)

\_\_\_\_\_  
(date)

## ACTIVITY LIABILITY

It is understood and agreed that the undersigned shall not bring or cause to be brought any action due to any accident or personal injury to my child, or property damage that might result from my child's participation in any church sponsored activity, on or off campus, whether under the direct supervision of the church, its staff, adult youth, children's leaders, parents or other church members.

To restate, the undersigned agrees to accept full responsibility for my child's participation in any church related or sponsored activity and to hold harmless Crossroads Community Church, Sechelt, B.C., it's staff, adult youth, children's leaders, parents or other church members.

I also assume the responsibility for passing all communication concerning each activity to the parents of any friend or visitor my child or family may bring to an activity sponsored by the church.

\_\_\_\_\_  
(signed parent/guardian)

\_\_\_\_\_  
(date)

## MEDIA RELEASE:

Do you consent to pictures/video of your child being used for promotional reasons (ex. in church bulletin, PowerPoints, website)? \_\_\_\_\_ (yes or no)

\_\_\_\_\_  
(signed parent/guardian)

\_\_\_\_\_  
(date)

**MEDICAL RELEASE:**

I give permission for \_\_\_\_\_ to be administered medical aid by a physician or hospital staff if the need arises.

Activity: Vancouver Outreach Trip Date: August 8-11th, 2017

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Work: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Email (for updates): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Care Card/PHN #: \_\_\_\_\_

Please list any medical concerns, allergies, physical conditions or issues your child is facing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your son or daughter is currently taking or has taken in the past 6 months:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(signed parent/guardian)

\_\_\_\_\_  
(date)