



WHICH CAMPUS: MAIN MENIFEE

Type of Outing/Event: **High School Retreat**

Emergency Information/Release/Disclaimer of Liability

Event Date: **May 18 – 20, 2018** (grades 9 through 12)

Youth Name _____ Male Female Current Grade in school _____

-REGISTER ADDITIONAL CHILDREN ON REVERSE SIDE-

Parent/Guardian Name _____

Address _____
(street address, city, state and zip)

Phone Numbers

Home _____ Work _____ Cell _____

Email _____ @ _____

Emergency Contacts (In addition to parent/guardian listed above)

Name Relationship Phone: _____

Name Relationship Phone: _____

I, _____, in consideration of the benefits derived from my child's participation with this CrossWord Christian Church Outing indicated above, I do hereby voluntarily release, acquit and forever discharge CrossWord Christian Church and its Pastor/s, ministers, volunteer teachers, employees, youth workers, chaperones, from all manner of suits, actions, claims, demands and liabilities which may arise from my child's participation in this outing. I agree not to hold CrossWord Christian Church youth workers, chaperones, pastors, ministers, volunteer teachers and staff responsible or liable in any way for accidents or injuries that my child may incur during the Youth Retreat. I acknowledge that it is my responsibility to encourage and communicate to my child the need for his/her safe behavior and conduct during all outing activities.

I understand this document constitutes a full and complete waiver of all possible claims. I give my full consent for my child to attend this event hosted by the CrossWord Christian Church.

Parent/Guardian Signature Date: _____

Insurance Carrier: _____ Insurance Card Number: _____
(Name & Phone Number)

Allergies/Allergic Reactions: (check all that apply)

___ Aspirin ___ Penicillin ___ Bee Stings ___ Specific Food _____ Other _____

Special Health Issues: (check) ___ Diabetes ___ Fainting ___ Allergies ___ Asthma ___ Seizures ___ Other _____

To the best of our knowledge, the child listed above is in ___ excellent physical condition ___ fair physical condition ___
___ has no restrictions from physical activity, ___ has excellent mental capacity ___ has special needs.

Dismissal Information – List name and Relationship

Who may pick up your child at the end of this event? _____

If your child is visiting our church, who is he/she a guest of? _____

May we have permission to photograph your child? Y or N

For Office/YOUTH RETREAT Team Use ONLY:

Deposit Date: _____ Amt: _____ PAYMENTS: Date _____ Amt: _____ Date _____ Amt: _____ Date _____ Amt: _____

REGISTER ADDITIONAL YOUTH ON THIS PAGE:

Youth Name _____ Male Female Current Grade in school _____

Insurance Carrier: _____ Insurance Card Number: _____
(Name & Phone Number)

Allergies/Allergic Reactions: (check all that apply)

___ Aspirin ___ Penicillin ___ Bee Stings ___ Specific Food _____ Other _____

Special Health Issues: (check) ___ Diabetes ___ Fainting ___ Allergies ___ Asthma ___ Seizures ___ Other _____

To the best of our knowledge, the child listed above is in:

___ excellent physical condition ___ fair physical condition ___ has no restrictions from physical activity

___ has excellent mental capacity ___ has special needs

Dismissal Information – List name and Relationship: Who may pick up your child at the end of this event?

PRINT NAME

PRINT NAME

May we have permission to photograph your child? ___Y ___N

Youth Name _____ Male Female Current Grade in school _____

Insurance Carrier: _____ Insurance Card Number: _____
(Name & Phone Number)

Allergies/Allergic Reactions: (check all that apply)

___ Aspirin ___ Penicillin ___ Bee Stings ___ Specific Food _____ Other _____

Special Health Issues: (check) ___ Diabetes ___ Fainting ___ Allergies ___ Asthma ___ Seizures ___ Other _____

To the best of our knowledge, the child listed above is in:

___ excellent physical condition ___ fair physical condition ___ has no restrictions from physical activity

___ has excellent mental capacity ___ has special needs

Dismissal Information – List name and Relationship: Who may pick up your child at the end of this event?

PRINT NAME

PRINT NAME

May we have permission to photograph your child? ___Y ___N