



Crossroads Baptist Church Youth

Permission Slip and Release Form for Adults

I, *(please print name)* _____, with my signature on this page, understand that Crossroads Baptist Church, Chaperones, or Supervising Adults will be held harmless from all liability associated with the events held by Crossroads Baptist Church and trips taken with Crossroads Baptist Church. I hereby give my permission to participate in events and trips associated with Crossroads Baptist Church for the **2017 Calendar Year**. I also give permission for Crossroads Baptist Church, Chaperones, or Supervising Adults to administer/perform medical care and admit myself to hospital care in emergency situations where care is needed (as perceived by Crossroads Baptist Church, Chaperones, and/or Supervising Adults). I agree that I can be transported by those that Crossroads Baptist Church allow to chaperone and act as drivers for events held by Crossroads Baptist Church or its ministries held in the **2017 Calendar Year**. I agree to be photographed and/or filmed during the **2017 Calendar Year** at events and trips held by Crossroads Baptist Church and I agree to allow photo and/or videos to be used on websites or in any sort of promotional materials that would be used at a later date. I understand that it is my responsibility to keep Crossroads Baptist Church up to date on medical related information for myself and to the best of my knowledge have provided accurate information on the attached Medical Information Form along with a valid medical insurance card. If any information changes with the medical insurance or medical information provided (attached) I will notify Crossroads Baptist Church by providing a new Medical Information Form to update the records. I agree to provide an updated background check (if never submitted or older than 2 years) and updated child protection training (if needed) prior to the event or trip I will be chaperoning or leading.

Signature *(Parent or Guardian)*: _____ Date: ____ / ____ / _____

Effective Entire 2017 Calendar Year

Please complete the page on the opposite side



Crossroads Baptist Church Youth

Medical and Personal Information

General Information for Adults:

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Chaperone): (_____) _____ - _____

Emergency Information:

In case of emergency, notify:

1. Name: _____ Relationship: _____

Phone: (_____) _____ - _____

2. Name: _____ Relationship: _____

Phone: (_____) _____ - _____

Medical Information:

Medicines currently taking: _____

Allergies (Including Medicines): _____

Name of Health Insurance Company: _____

Policy #: _____

Name of Person Responsible for Payment: _____

I CERTIFY THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature (Parent or Guardian): _____ Date: ____ / ____ / ____