

Dear Parent/Guardian,

Please fill out this form so that your son/daughter will have permission to be involved in **The Crossings** events. This form gives us important information to help your son or daughter in case of an emergency. This form is kept on file and is good one school year.

The Crossings is for anyone in grades 5 or 6 and is not just for youth that attend East Glenville Community Church. Our usual meeting time is 6:30 - 8:30 pm on the second Friday of the month. Follow the specifics on the calendar (www.egcchurch.org) or informational flyer. If you ever have any questions about an event or the program please give me a call at church at 399-3151 or contact the program leaders, Doug and Heather Chevalier at 399-8587 or email at dougandheather@juno.com.

I'm excited about this program that has been planned for the year and hope your son/daughter becomes involved. Please be sure to check important information on the calendar (sign up dates, changes in time, etc.) For major events there will be an information sheet specifying the details of what to bring and emergency contact numbers.

Joe Kenyon
Pastor of Student Ministries
East Glenville Community Church

The Crossings

Permission & Medical Release Form



School Year Starting _____ DOB ___/___/___ __ Male __ Female

Youth's Name _____ School _____

Parent/Guardian's _____ Grade _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ e-mail _____

Emergency Contact Name (in addition to parent) _____

Phone # _____

Health Insurance Co: _____

Address _____ Group # _____ Policy # _____

Is there any medical information we should know about? __ Yes __ No If Yes, Specify on the back of this form.

I, _____, the legal parent/guardian of _____, do hereby release East Glenville Community Church and the youth leaders of any and all liability in the case of accident or illness and authorize any medical care deemed necessary by an accredited physician, nurse or hospital. I understand that I will be notified immediately of an such occurrence.

I, _____, am giving consent for my youth to participate in **The Crossings**. I understand that it's up to me to know when my youth is at the program. Any questions can always be addressed to Pastor Joe Kenyon or one of the leaders.

Notarization

Subscribed and sworn to before me this _____ day of _____, in the year _____.

Signature of Notary

My commission expires _____

Parent/Guardian Signature

Date