

Dear Parent/Guardian,

Please fill out this form so that your son/daughter will have permission to be involved the **CROSSROADS** events that are off church property. 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 for one school year.

CROSSROADS is for anyone in grades 7-12 and is *not* just for youth that attend East Glenville Community Church. We meet every Wednesday from 7-8:30 pm as part of the Wednesday Night Program as well as on occasional Saturdays. If you ever have any questions about an event or the program please give me a call at church at 399-3151. There is also information at the church website: www.egcchurch.org.

I'm excited about the activities we have 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. Some outside events will require their own permission slip also. Important information will be left in the black mailbox outside the church office building if you misplace yours.

Joe Kenyon
Pastor of Student Ministries
East Glenville Community Church

CROSSROADS

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 **CROSSROADS**. 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