



# Local Activity Consent Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender:  Boy  Girl

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

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

## LEGAL CONSENT

I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_  
(please print name) (please print name of minor)

a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give said minor permission to participate in all activities held by CrossPointe Church and its ministry's. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the CrossPointe Church staff, volunteer leaders, and/or any attending physician to make decisions and perform medical treatment and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or legal guardian of the above listed minor do release, acquit, discharge and covenant to release CrossPointe Church, its staff, and volunteer leaders from any and all actions, damages, or liabilities arising out of treatment from any sickness or accident incurred by said minor during the dates listed herein and at any activities within those dates. I understand that by signing this form, attendance of said minor at any activities held by CrossPointe church implies consent to participate in the activity, covering it by this consent form.

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

\_\_\_\_\_  
Date