2007-2008 Registration/Consent

Name: _____ Grade ('07-'08): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

E-mail Address: _____ Gender: Boy Girl

Emergency Contact: Phone:

Insurance Company: _____ Policy Number: _____

Allergies: _____

(see reverse side)

LEGAL CONSENT

I,_____the parent and/or legal guardian of
(please print name)

_____a minor, hereby acknowledge that said minor
(please print child's name)
is presently under my care, custody and control. I hereby give my child permission to participate in all activities held by CrossPointe Church Youth Ministry from June 2007-June 2008. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the youth staff, CPC, and/or any attending physician to make decisions and to 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_____
(please print child's name)
Do release, acquit, discharge and covenant to hold CPC, its staff, and youth leaders from any and all actions, damages, or liabilities arising out of treatment from any sickness or accident incurred by my said child during this year.

_____

Signature of parent or guardian Date