



### STUDENT INFORMATION

Student's Name:		Male ( )	Female ( )	Age:
Address:		City:		Zip:
Home/Cell Phone:	DOB (mm/dd/yyyy):		Grade:	

### PARENT/GUARDIAN INFORMATION

Parent/Gaurdian Name:		Male ( )	Female ( )
Address:		City:	
Home/Cell Phone:		DOB (mm/dd/yyyy):	
		Zip:	

### EMERGENCY CONTACT AND MEDICAL INFORMATION

Emergency Contact Person:	Contact Phone #:
Physician Name:	Physician Phone #:
Medical problems/Allergies/Food Restrictions:	
Medications taking:	Tetanus Inoculation Date:
Activity restrictions, if any:	
Crosspoint is authorized to administer the following medications/first aid (please check) <input type="checkbox"/> Pain Reliever (Tylenol/ Advil, etc.) <input type="checkbox"/> Antacids <input type="checkbox"/> Allergy <input type="checkbox"/> Hydrogen Peroxide <input type="checkbox"/> Cough Syrups or drops <input type="checkbox"/> Stomach Relief <input type="checkbox"/> Eye Drops <input type="checkbox"/> First Aid Ointment	

### HEALTH INSURANCE INFORMATION

Health Insurance Co.	Policy #:	Group #:
Insurance Co. Phone Number:		

#### READ CAREFULLY - THIS SECTION AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in both off-site and on-site Student Ministry events organized by Crosspoint United Methodist Church (Crosspoint), and/or use of the property, facilities and/or services of Crosspoint, I agree for myself and (if applicable) for my child, to the following:

1. I give my permission for Crosspoint Church Staff, its representatives, and/or volunteers to search my child's belongings including but not limited to luggage, purses, and backpacks as deemed necessary for safety and security reasons.
2. I hereby give permission for me or my child to ride in a vehicle designated by the Student Ministry staff. Only approved drivers, will be permitted to drive. (See Volunteer Driver Policy)
3. In the event either I or my child causes damages, I take full financial responsibility for the damages. In addition, if early return home is warranted due to disciplinary concerns, I will provide transportation home for me and/or my child.

4. I hereby give permission for images of me or my child, captured during any Student Ministry event through audio/video/camera to be used by the church for the purposes of training and/or promotional material and publications, and I waive any rights to compensation/ownership.

5. I recognize there are certain potential and inherent risks associated with participation in Student Ministry activities, and I assume full responsibility for personal injury to myself and (if applicable) my child, and further release, hold harmless, indemnify, and discharge Crosspoint, its staff, officers, directors, board members, volunteers, and agents for injury, loss or damage arising out of my or my child's participation in Crosspoint Student Ministry events, whether caused by the fault of myself, my child, Crosspoint, or other third parties.

6. I agree to indemnify and defend Crosspoint against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my child's participation in Student Ministry events.

7. In the event of an injury to me or my child during Student Ministry activities, I give my permission to Crosspoint or to the employees, representatives, or agents of Crosspoint to arrange for all necessary medical treatment, for which I shall be financially responsible. This temporary authority will begin when signed and expires in 1 year.

Crosspoint shall have the following powers:

- The power to seek appropriate medical treatment or attention on behalf of me or my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital.
- The power to authorize medical treatment or medical procedures in an emergency situation.
- The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.

8. I hereby consent and give permission for me or my child to participate in off-site and/or on-site Student Ministry events, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of the child mentioned above. This document is governed by the laws of the State of Florida, and the assumption of risk herein is intended to be as broad and inclusive as permitted by law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## NOTARIZATION

The foregoing instrument was acknowledged before me: \_\_\_\_\_  
(Signature of Notary)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_