## Crossroads Church Student Ministry Participant Permission & Medical/Photo Release

Student Information	
Student's Name	Male ( ) Female ( )
Address	
City	Zip
Shirt Size DOB	
Cell #	Email
Parent/Guardian Information & Emergency Contact	
Mother's Name	Phone #
Father's Name	
Health Insurance & Medical Information	
Health Insurance Co	Policy #
Medical Problems/Allergies	
Diet or Activity Restrictions	
Current Medications	
(Please place medications in a Ziplock bag with Stud	
Medical Waiver/Photo Release	
To be filled out by the Parent or Legal Guardian of participants under the age of 18	
I, the lega	I guardian of a minor,
hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, said minor,	
my permission to participate in and be transported to and from activities and/or events sponsored by Crossroads Baptist Church of Jackson County.	
In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my	
permission for Crossroads Church, Jackson County, or its representatives, to make such decisions to perform medical	
treatments and/or surgery upon said minor which in their sole discretion is necessary and proper.  I, the undersigned parent/legal guardian of said minor, do release, discharge, and covenant to hold Crossroads Church,	
Jackson County, or its representatives, from any legal action, damages, or liabilities arising out of the treatment of any	
sickness or injury incurred by said minor during an activity/event.	
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I understand that as a participant my child may be photographed or videotaped during church sponsored activities/events and that these photos may be used in promotional materials, publications, electronic form or media,	
including but not limited to the church website.	otional materials, publications, electronic form or media,
	Initial
Signature of Parent/Guardian	Date