



MEDICAL AND LIABILITY RELEASE

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternative Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Activity Description: CCS Athletics 2022/2023 School Year.

As the parent or guardian of the above named minor, I hereby give my permission for my child to participate in the describe activity with Crossroads Christian School / Crossroads Christian Center. I agree to release the school/church and its personnel, leadership, and volunteer adults from any liability in the event of accident, illness or injury that results from participation in such activities.

IN CASE OF ACCIDENT, ILLNESS, OR INJURY, I herby give my consent for the above named student to be treated by emergency personnel and/or be transported to the nearest hospital in case of accident or injury. I give my consent for Crossroads Christian School staff and/or parent volunteers to act as agent for the undersigned in consent to any x-ray examination, anesthetic, medical or surgical treatment and /or hospital care which is deemed advisable by a supervising licensed physician.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Child's Age \_\_\_\_\_

Allergies or Medical Conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Insurance Info: \_\_\_\_\_