



MEDICAL AND LIABILITY RELEASE

Child's Name _____ Parent's Name _____

Parent's Home Phone _____ Cell Phone _____

Alternative Emergency Contact _____ Phone _____

Activity Description: CCS Athletics for the _____ School Year.

As the parent or guardian of the above-named minor, I hereby give my permission for my child to participate in the specified activity with Crossroads Christian School/Crossroads Christian Center. I agree to release the school/church, 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 hereby 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 Birthday: _____

Allergies or Medical Conditions we should be aware of: _____

Insurance Info: _____