



41337 10th St. West Palmdale CA, 93551 • (661) 272-4903 • Office1@CrosswindChurch.com

I certify that my child is in good physical condition and give my permission for him/her to participate in _____ at _____ on this date _____. Should any illness or accident occur to my child during this activity, I will not hold the Church nor its agents, the church officers, or its members liable. I herewith, for myself, my heirs, executors, and administrators, voluntarily waive, release, and forever discharge any and all rights and claims for damages against Crosswind Community Church and/or Grace International in conjunction with any loss—physical, mental, or implied, received by me and arising from my child's participation in this church activity. I give my permission for any photographs or videotape taken at this event to be used for publicity purposes in behalf of the church.

Child's (Children's) Name _____ Birth Date: _____

Address: _____

Parents/Guardian's Name: _____

Day Phone # _____ Other Phone # _____

Email: _____

Family Physician _____ Phone _____

Insurance Co. _____ Policy # _____

Preferred Hospital: _____

Known Allergies _____

In an emergency, if parents cannot be contacted, notify:

Name	Relationship	Phone #
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1. The Crosswind Community Church Leader(s) [] May [] May not apply first-aid treatment until emergency personnel and/or the family physician can be contacted.
2. The Crosswind Community Church Leader(s) [] May [] May Not use their own judgment in securing medical assistance and ambulance service in case the parents cannot be reached.
3. My Child/Children [] May [] May not receive medical attention by a licensed physician.
4. My Child/Children [] May [] May not be admitted to a hospital in case of an emergency.

(Parent/Guardian will be notified first if possible)

Parent/Guardian Signature _____ Date _____