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

I certify that my child, _____,

birth date_____, is in good physical condition and can participate in all activities and give my permission to do so at this event: Thailand Trek VBS located at Crosswind Church, on the following date(s) July 16th – 19th, 2019.

Should any illness or accident occur to my child during this activity, even if caused by my child's own negligence or conduct, I, nor anyone for me, will not hold Crosswind Community Church of Palmdale, California of Grace International Churches and Ministries, Inc, nor its agents, the church officers, church staff, church pastors, church volunteers or its members liable. I also 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 of 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 also give my permission for any photographs or videotape taken at this event to be used for publicity purposes in behalf of the church.

(Parent/Guardian will be notified first if possible)

Parent/Guardian Name (Please Print)_____

Signature_____Date_____

In an emergency, if parents cannot be contacted, notify:
Name _____
Relationship _____ Phone #_____

If contact cannot be made with me or my emergency contact, I agree to the following marked with an X:

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.

(complete both sides of this document)

3. My Child
[ ] May [ ] May not
receive medical attention by a licensed physician.

4. My Child
[ ] May [ ] May not
be admitted to a hospital in case of an emergency.

ADDITIONAL INFORMATION:

Address:_____

City:_____ State:_____ Zip_____

Cell Phone #_____

Other Phone #_____

Email: _____

Family Physician _____Phone _____

Insurance Co. _____ Policy _____

Preferred Hospital if available:_____

Known Allergies:_____
_____
_____
_____

Medications my child takes:

Medicine name_____ Doses:_____ Times per day_____

Medicine name_____ Doses:_____ Times per day_____

Medicine name_____ Doses:_____ Times per day_____