

Minor Medical Release

Please complete this form and submit to Brad Houchin by **Sunday, June 13th.**

Student's Name(s)	Gender	Grade	Birthdate

Parent/Guardian Name	Phone

E-mail	Address

City	State/Zip

Emergency Contact	Phone (home)	Phone (cell)

Permission and Release: I give permission for my child to participate in this activity. In the event he/she/they are injured, I waive and release all rights to any claim for damages against the sponsor (Crosswinds Community Church) or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Coalition; judgment upon arbitration award may be entered in any court otherwise having jurisdiction.

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give my permission for any emergency treatment that is deemed necessary by a licensed physician.

Family Physician	Phone	Medical Insurance Company

Allergies/Other Pertinent Medical Info: (if multiple students, list names)

Parent/Guardian Signature

Date