



QUESTIONS? CONTACT:
CrossRidge Church
Nate Oldham
cell: 816-830-6858
email: supertrain@hotmail.com
OR
Mike Pribble
cell: 712-369-3215
email: mapribb@hotmail.com

PARENT/GUARDIAN CONSENT FORM
(Must be completed and signed)

IN CASE OF EMERGENCY CONTACT:

Name of Minor (under 18 years): _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency contact name & number: _____

I, _____ give my permission for the above-named minor to participate in the *CrossRidge Church Youth Lock-in* on Fri., January 26 – Sat., January 27, 2018. I hereby release CrossRidge Church and all individual adult chaperones from responsibility and liability for any injury or illness that my child may sustain during this activity.

In the event of an emergency, I hereby authorize an adult leader from CrossRidge to act as my agent to consent to an x-ray exam; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) either at a doctor’s office or in any hospital. I expect to be contacted as soon as possible.

Insurance Company Name: _____

Name of Policy Holder/Name on Card: _____

Policy #: _____

Name of Natural Parent or Legal Guardian: _____

(Please type or print legibly.)

Signature of Parent/Guardian: _____ Date: _____