



Crossroads
Community
Baptist
Church

The Intersection Of Faith And Life

Children's Ministry Activities 2020

Registration & Consent Form

Child Information

Child's Name _____

Birthday _____

Parent/ Legal Guardian _____

Emergency Contact Number _____

Mailing Address _____

City, State, Zip Code _____

Name Of Caregiver _____

Relationship _____

Father's Legal Name _____

Mother's Legal Name _____
(including maiden name)

Activity & Information Release

_____ (parent/ guardian) give my child _____ permission to participate in the activities and events with Crossroads Community Baptist Church (CCBC). I will not hold CCBC or any partnering church responsible for accidental incidents or injuries.

Signed

Date

Medical Release

In case of an emergency, I give representatives from Crossroads Community Baptist Church permission to seek medical treatment for my child.

Signed

Date

Media & Communication Release

I allow my child's photo/ video to be taken and used in public including promotional material.

Signed

Date

Allergies Or Medical Conditions

Please include severity of allergies: *(irritation, breakout; swelling; immediate medical attention)*
Is an Epi-pen required? *Yes or No*

Primary Care Physician _____
Address of Primary Care _____
Medical Insurance Provider _____
Policy Number/ Group Number _____

Signed

Date

Transportation Information

Please give brief directions to your home from (Highway 27/ Stearns) in case of emergency.

Approved Pickup

**A copy of each contact's person's ID will be kept on file*

Alternate Pick-up Name _____
Alternate #1 Phone Number _____
#1 Driver's License Number _____

Alternate Pick-up Name _____
Alternate #2 Phone Number _____
#2 Driver's License Number _____

No Contact

Please provide the court order of no contact. List anyone who is not allowed to have any contact with our child.

I understand it is my responsibility to update any information that changes. I certified the information given is true and accurate.

Signed

Date