



THE
CROSSINGS
BRUNSWICK, MARYLAND

Family Ministry Waiver

*This form must be completed and signed by a parent/legal guardian for any youth who wants to participate in any **Crossings Youth activities**.*

Event Policies

The Crossings Community Church wishes to provide all youth with loving, fun, and safe environments in which to explore their faith. It has always been this church's policy that no youth may bring any illegal drugs, alcohol, tobacco, weapons, or other inappropriate materials to youth events. It has also been our policy that should any youth be found with such items in their possession while at a youth event, they would be subject to immediate disciplinary action, which may include being sent home at the parents/guardians' expense.

In order to effectively carry out these policies, if there is reasonable suspicion that youth has in his/her possession illegal drugs, alcohol, tobacco, weapons, or other inappropriate materials, the ministry director, pastor or other paid staff member of **The Crossings Community Church** will take appropriate measures to enforce the above-stated policies, which may include searching luggage and/or other personal items. This will be done in the presence of one other adult and the youth and will only be carried out if there is reasonable suspicion that such items are present.

I, the legal parent/guardian, do hereby give permission for the youth director(s), pastor(s), or other paid staff of **The Crossings Community Church** to carry out the actions outlined above. I understand that this policy is in place to ensure a healthy environment for all youth and that this will only be carried out if deemed absolutely necessary.

Liability Release and Consent for Treatment

In the unlikely event that my child is injured while participating in activities at **The Crossings Community Church** or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for **The Crossings Community Church** granting my child permission to participate in Children's Ministry activities, I hereby release **The Crossings Community Church**, its employees and volunteers from liability or injuries occurring in **The Crossings Community Church** activities.

The Crossings Community Church
PO Box 27 | Brunswick, Maryland 21758
☎301☎ 834-8166 | thecrossings.cc

In case of emergency, I hereby authorize **The Crossings Community Church** to contact emergency personnel and release pertinent personal information so that my child may receive treatment.

STUDENT NAME: _____ DOB: _____
(mm/dd/yyyy)

Consent for release of information and for treatment (choose one) YES OR NO

List allergies, medical or other special conditions we should be aware of:

Will your child be carrying an epi-pen? YES OR NO

In case of emergency (when the parent/guardian cannot be reached) contact:

NAME: _____ PHONE: _____

RELATIONSHIP TO Child: _____

I give permission for my child to be transported in a vehicle: YES OR NO

I give permission for photos to be taken of my child participating in activities: YES OR NO

People who have my permission to pick up my child(ren) when I am unable to:

NAME: _____ PHONE: _____

RELATIONSHIP TO Child: _____

NAME: _____ PHONE: _____

RELATIONSHIP TO Child: _____

I acknowledge that I have read and completed the above information:

Print full name of Parent/Guardian Signature of Parent/Guardian Date
(mm/dd/yyyy)

Participants' electronic signature shall have the same validity and effect as a signature affixed by hand.