



CONSENT OF PARENTS

In consideration of the benefits to be derived and in view of the fact that the CREW Ministry is an educational and spiritual institution on which membership is voluntary, and having full confidence that every precaution will be taken to insure the safety and well-being of my minor child named listed below **on any activity**, I hereby agree to his/her participation **on any field trips** that the leaders and officers may deem necessary and waive all claims against all leader(s), officer(s), agent(s) or representative(s) of Four Corners Church.

Date: _____ Signed: _____

Name of Minor Child: _____

Parent's Name: _____

Home Phone: _____ Address: _____

RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT

In case of an accident, I give permission to any qualified person(s), physician(s) and/or hospital to render aid and/or surgery, if necessary, to my minor child named below while they are in the care of a lender(s), officer(s) or agent(s) of Four Corners Church.

Child's Name: _____ Age: _____

Grade: _____ Birthdate: _____ Blood Type: _____

Allergies: _____

Current Medications: _____

Known Health Concerns: _____

Family Doctor: _____ Dr.'s Phone #: _____

Personal Insurance Carrier: _____ Policy #: _____

Parent: _____ Home Phone: _____

Cell #: _____ Work Phone: _____

Home Address: _____

Emergency Contact(s): _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Note: Your signature implies permission for Four Corners Church to reproduce your child's image, likeness and voice in post-event publicity.

Below line is designated for Notary ONLY

Notary Signature: _____

Date: _____