Crossroads Chapel SBC
A Fresh Start and a New Beginning

FUEL Youth Ministry
(Faith, Unity, Evangelism, Love)

2017-2018 Student Ministries Registration

(Some Special Events May Require a Separate Permission Form)

Student Name: _____
First Last

Birth Date: _____ Grade entering for 2017-18: _____
(Month / Day / Year)

Mailing Address: _____

_____

_____

_____

Student Telephone Number(s): (H): _____ (M): _____

Student Email Address: _____

Which School District or Homeschooled?: _____

Name of School Attending: _____

Name of Parent(s) / Legal Guardian(s): _____

_____

Parent(s) / Legal Guardian(s) phone numbers: ***Home***: _____

Mother's Cell: _____

Father's Cell: _____

(please circle one) ***Mother's / Father's*** ***Work***: _____

Parent(s) / Legal Guardian(s) email address(es):

Mother's: _____

Father's: _____

Student Ministries Pastor: ***Kevin Berck***
840 North Gate Blvd. Colorado Springs, CO 80921
Church Office ***(719) 495-3200*** **Fax** ***(719) 495-7909***
EMAIL: crcstudentministries@gmail.com WEB SITE: www.crossroadssbc.com

Crossroads Chapel SBC
A Fresh Start and a New Beginning

FUEL Youth Ministry
(Faith, Unity, Evangelism, Love)

Student's Name: _____

I, _____ being the mother / father / legal guardian (circle one) of the above listed child, do give permission for my child to participate in Crossroads Chapel Student Ministry (FUEL) activities and for Crossroads Chapel to transport my child for Student Ministries events, special programs and activities. I hereby agree to indemnify and hold harmless Crossroads Chapel and its staff and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

I also do / do not (circle one) give Crossroads Chapel the right and permission to copyright and/or publish and /or use photographic portraits or pictures of my child listed above with their real or fictitious name, or reproductions thereof in color, or otherwise, made through any media for art, advertising, or any other lawful purpose whatsoever. This release, consent and waiver is binding until this signed release be revoked in writing. I also hereby waive any right to inspect and/or approve the finished product or the advertising copy that may be used in connection therein, or the use to which it may be applied.

Emergency Medical Treatment:

My child is allergic to: List below any foods, products or medicines that may cause your child an allergic reaction:

I do / do not (circle one) give Crossroads Chapel permission to authorize emergency medical treatment if I cannot be contacted. Initials: _____

In case of an emergency, please contact:
(Please provide 2 names and phone #'s other than a parent/guardian)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____