



2018-2019 Student Ministries Registration

(Some Special Events May Require a Separate Permission Form)

Student Name:		
	First	Last
Birth Date:		Grade entering for 2018-19:
(Mont	h / Day / Year)	
Mailing Address:		
Student Telephone N	umber(s): (H):	(M):
Student Email Addres	ss:	
Which School Distric	et or Homeschoo	oled?:
Name of Parent(s) / L	.egal Guardian((s):
Parent(s) / Legal Gua	rdian(s) phone	numbers: <i>Home</i> :
		Mother's Cell:
		Father's Cell:
(please circle or	ne) <i>Mother's / I</i>	<mark>Father's Work</mark> :
Parent(s) / Legal Gua	rdian(s) email a	address(es):
Mother's:		
Father's:		

Student Ministries Pastor: Kevin Berck 840 North Gate Blvd. Colorado Springs, CO 80921 Church Office (719) 495-3200

EMAIL: crcstudentministries@gmail.com WEB SITE: www.crossroadssbc.com





Student's Name:	
of the above listed child, do give permissic Student Ministry (FUEL) activities and for Ministries events, special programs and ac	being the mother / father / legal guardian (circle one) on for my child to participate in Crossroads Chapel r Crossroads Chapel to transport my child for Student tivities. I hereby agree to indemnify and hold nd volunteer staff from any liability. I accept a result of any such injury sustained.
and/or publish and /or use photographic por real or fictitious name, or reproductions the for art, advertising, or any other lawful pur binding until this signed release be revoked	ads Chapel the right and permission to copyright ortraits or pictures of my child listed above with their ereof in color, or otherwise, made through any media rpose whatsoever. This release, consent and waiver is d in writing. I also hereby waive any right to inspect advertising copy that may be used in connection ied.
	y Medical Treatment: ods, products or medicines that may cause your child
I do / do not (circle one) give Crossroads C treatment if I cannot be contacted.	Chapel permission to authorize emergency medical Initials:
In case of an emergency, please contact: (Please provide 2 names and phone #'s other than a	a parent/guardian)
Name:	Phone #:
Name:	Phone #:
Parent/Guardian Print Name:	
Parent/Guardian Signature:	
Date:	