



## Annual Student Release Form 2023

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Student's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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Parent/Legal Guardian's Full Name \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Legal Guardian's Full Name \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

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Medical Insurance Company \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy # or Group # \_\_\_\_\_ Insurance Co. Phone # \_\_\_\_\_

Rx ID # \_\_\_\_\_ Rx Group # \_\_\_\_\_

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**Medical History:**

**Please list and explain any health problems or chronic medical conditions** *(If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your student is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof.)*

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Please list and explain any major illnesses the student experienced during the past year: \_\_\_\_\_

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Please list medications taken regularly: \_\_\_\_\_

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Please list any known allergies: \_\_\_\_\_

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Please list any dietary restrictions: \_\_\_\_\_

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Should this student's activities be restricted for any reason? Please explain: \_\_\_\_\_

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Date of last tetanus shot: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

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**Informed Consent and Release of Liability:**

**Code of Conduct:** Cross Roads Church expects students to abide by the following code of conduct:

Cell phones and gaming devices are prohibited during church events and on retreats and trips unless otherwise noted.

IPods and mp3s are permitted on retreats and trips only during bedtime (phones with mp3 function are not included).

No possession or use of alcohol, drugs, tobacco or pornography.

No fighting, weapons, fireworks, lighters, explosives, etc.

No offensive or immodest clothing.

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.

Respect property; respect one another, staff, and adult leaders; respect and comply with event schedules.

Participate in group activities and discussions.

**A student who fails to comply may be sent home at his or her parents' expense.**

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Student Name has my/our permission to attend all youth activities sponsored by Cross Roads Church beginning on the date of this form's signature and ending December 31, 2023. We have completed the contact information, insurance information and the medical history information.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Cross Roads Church, San Antonio, Texas (hereinafter "CRC") and its staff of any liability against personal losses of named student. I/We the undersigned have legal custody of the student named above and have given our consent for him/her to attend events being organized by CRC. I/We understand that my/our signature below carries with it the following: *(Please Initial)*

\_\_\_\_\_ I/We give permission for the above named student to be transported to and/or from church-sponsored events and church-approved meetings by: A) church provided transportation (cars, vans, buses, planes) and/or B) adult driven transportation (CRC Youth Staff, adult volunteers).

\_\_\_\_\_ I/We give permission for any videos or photographs taken of the above named student to be used in church publications, including newsletters, church website and Facebook page. Cross Roads Church will never publish a child's name with any of its publications.

\_\_\_\_\_ I/We understand that any travel, volunteer work or other activities undertaken by my child in connection with CRC involves inherent risks to property, health and life and I further understand the nature of such risks. No principal, officer, agent, employee, or other person associated with or acting on behalf of CRC has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved. I/We recognize and acknowledge that CRC is a charitable, nonprofit institution engaged in human services and relief activities. I/We, for my child and his or her heirs, do hereby freely and knowingly waive any and all actions, causes of action, claims and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of endemic diseases, costs, damage or expense for any act, or omission on the part of any third party upon the part of CRC or any of its officers, agents, servants or employees for anything in any way arising from or connected with, either directly or indirectly, any volunteer activities of my child or of CRC.

\_\_\_\_\_ I/We hereby grant permission for CRC advisors or sponsors of the event to authorize the rendering of medical services to my child while participating in activities sponsored by CRC. I/We specifically grant permission for the administration of medication, admittance to a hospital and for surgery deemed by the attending physician to be necessary because of an emergency. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

\_\_\_\_\_ I/We further understand and agree that in the event that the above named student is involved in activities that violate or compromise the rules, policies, or purposes of CRC, I/we will accept full responsibility for release of the above named student to my/our custody and care. I/We further understand that I/we will cover all financial costs if the above named student is sent home for disciplinary reasons.

\_\_\_\_\_ This agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas. This agreement is to be governed by the laws of the State of Texas. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect. I/We do enter into this agreement freely and voluntarily in consideration of the permission for my child to participate in the activities described herein and the benefits associated with such activities. I understand that this agreement is contractual and binding upon me. I/We have read this document and understood and agreed to all of its contents before signing it. Unless terminated in writing, this release shall be effective beginning on the date of this form's signature and ending December 31, 2023 only.

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Witness

\_\_\_\_\_  
Date