

Youth Ministry Student Application

Please complete this form in its entirety. Do not leave any information blank. If a question cannot be answered write "N/A" for not applicable. Please write legibly with an ink pen.

Student Information

Name _____
Last First Middle

Current Address _____

City _____ State _____ Zip Code _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Sex Male Female

Guardian Information

Name _____
Last First Middle

Current Address _____

City _____ State _____ Zip Code _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Information (other than guardian)

Name _____
Last First Middle

Home Phone _____ Work Phone _____ Cell Phone _____

Medical and Insurance Information

Family physician office phone # _____

Insurance Company _____

Please List any pertinent medical information (Diabetes, Allergies, etc):

Media Release

I grant CrossPoint, its representatives and employees the right to take photographs of my child and my property in connection with the above identified subject I agree that CrossPoint may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

X _____
Authorized Guardian's Signature Date

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Medical Release

I give permission for my child to participate in this activity. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. In the event disciplinary action need to be taken against my child due to inappropriate behavior or misconduct, I understand that any expenses incurred will be the responsibility of the parent or guardian of the child.

In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

X _____
Authorized Guardian's Signature Date

Student Guidelines

1. Students entering the 7th Grade in the Fall will be accepted into Youth Ministry upon completion of Children's Ministry or Summer before entering 7th grade.
2. Students will need to show respect and comply with leaders otherwise they might be asked to refrain from attending Youth Functions
3. If a student is in High School and turns 18 (Legal Adult) they will be required to fill out a Background Request Application and Give Authorization for Background Clearances that are required by State Law
4. If a Legal Adult (18th Birthday) Refuses to give consent for Background Clearance they will be asked to refrain from attending Youth Functions
5. Student will be allowed to attend Youth Functions, unless asked otherwise, until their 18th Birthday or until Labor Day after their High School Graduation

X _____
Participating Student's Signature Date

X _____
Authorized Guardian's Signature Date