

**Crosspointe Church**  
**1300 N. Kellogg Drive, Anaheim, CA 92807**

**Crosspointe Youth**  
**Waiver and Emergency Contact Information:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent Information:**

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Information: Does your child(ren) have any medical conditions we should know about?  
(yes) (no), if yes please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child(ren) have any allergies? (yes) (no), if yes please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We, the undersigned, are the parent(s) of the above named child/children and we agree to release and hold harmless Crosspointe Church from any and all claims, demands, suits, cost, and charges in connection with or arising out of Crosspointe Youth camp(s), including, but not limited to, bodily harm or injury to our children, except only for loss, harm or injury occasioned by gross negligence or intentional misconduct by Crosspointe Church. I hereby grant permission for Crosspointe Church and its employees full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in a situation where time is of the essence; and fully release Crosspointe Church and its employees from any liability in connection with those decisions, I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

I HAVE READ AND UNDERSTAND THIS CONSENT AND WAIVER FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.

Parent Name (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_