

CROSSPOINT FELLOWSHIP  
YOUTH GROUP PERMISSION SLIP 2014-15

(Please Print Legibly)

I, \_\_\_\_\_, as the legal guardian(s) of  
\_\_\_\_\_ do consent to his/her involvement in  
youth sponsored activities at CrossPoint Fellowship in Republic, MO.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by CrossPoint Fellowship. My child and I understand that SEAT BELTS (if available) SHALL BE WORN AT ALL TIMES during transportation.

I also give my permission for the leadership of the youth program to admit my child to medical care facilities and give authorization for my child to be treated immediately if an injury or illness should occur while participating in youth program related activities.

I do not hold CrossPoint Fellowship, its youth program, or any of its leadership responsible in any way for any incident or accident that may occur while participating in the youth program. (Please use the reverse side to explain any other additional or helpful information you feel we should be aware of... i.e. allergies, asthma, medications, etc.)

I have read and fully understand the above permission slip and I do want my child to be allowed to participate in the CrossPoint Fellowship youth group program and its activities.

Signature (Legal Guardian):

Printed Name:

Date:

Preferred Medical Facility:

Phone # (       )       -                      Alt/Emergency #: (       )       -

Permission Slip is Valid through August 1, 2015