

# CCC Permission Form/Medical Release

## Denver Mission/IYC June 28-July 7, 2012

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Rooming Preferences: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Church Home (if other than CCC) \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Member ID# \_\_\_\_\_

Group # \_\_\_\_\_ Plan # \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

I give permission for my above named child to attend *High School Ministries Mission/IYC trip June 28-July 7, 2012*. I understand the cost is \$615 due in advance and no refunds will be made. I understand the group will be traveling via chartered busses.

I hereby release Crossings Community Church, their staff and volunteers from liability for any injury or illness that my child might sustain during this trip. In the event of an emergency, I hereby authorize an adult leader of this trip, to act as an agent for me, to consent to an x-ray examination; medical, dental or surgical treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where the services are rendered, wither at a doctor's office or any hospital.

I also acknowledge that all financial debts incurred are my responsibility and not that of CCC, their staff or volunteers.

In case of disciplinary action, my child will be sent home at my expense and the CCC staff will be released from any obligations.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

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## CCC Scholarship Request Form

Student Name \_\_\_\_\_ Parent Name (s) \_\_\_\_\_

1. Please describe your students involment in HS ministries and CCC:

2. Please describe your situation and include the amount requested (feel free to write on seperate sheet and attach):

Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount Approved \_\_\_\_\_