

# Cross Point MEDICAL FORM 2022

NAME OF PARTICIPANT \_\_\_\_\_  
BIRTHDATE OF PARTICIPANT \_\_\_\_\_ PHONE OF PARTICIPANT \_\_\_\_\_  
T-SHIRT SIZE: \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

BEST PHONE NUMBER FOR PARENT/GUARDIAN \_\_\_\_\_

EMAIL FOR PARENT/GUARDIAN: \_\_\_\_\_

BEST CONTACT INFO:(IE:TEXT, FACEBOOK, EMAIL ETC.) \_\_\_\_\_

NAME OF EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER FOR EMERGENCY CONTACT: \_\_\_\_\_

## MEDICAL INFORMATION FOR PARTICIPANT

ARE YOU CURRENTLY TAKING MEDICINE OR TREATMENT? \_\_\_\_ YES \_\_\_\_ NO.

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER HAD A SEVERE REACTION TO A BEE/HORNET STING, OR INSECT BITE?

\_\_\_\_ YES \_\_\_\_ NO

IF YES, EXPLAIN \_\_\_\_\_

MARK ANY ALLERGIES: \_\_\_\_ DRUGS.....LIST \_\_\_\_\_

\_\_\_\_ FOOD.....LIST \_\_\_\_\_

ANY OTHER ALLERGIES NOT LISTED YET: \_\_\_\_\_

MARK ANY OF THE FOLLOWING THAT PERTAIN TO YOU: \_\_\_\_ HAY FEVER \_\_\_\_ SINUS TROUBLE

\_\_\_\_ HEART TROUBLE \_\_\_\_ EPILEPSY \_\_\_\_ ASTHMA \_\_\_\_ DIABETES

ANY COMMUNICABLE DISEASES PLEASE LIST:

ANY OTHER NEEDS LIST BELOW:

IS THE SPONSOR AUTHORIZED TO APPROVE MEDICAL TREATMENT? \_\_\_\_ YES \_\_\_\_ NO

IS PARTICIPANT COVERED BY PERSONAL/FAMILY MEDICAL INSURANCE? \_\_\_\_ YES \_\_\_\_ NO

IF YES: INSURANCE COMPANY: \_\_\_\_\_

INSURANCE POLICY OR GROUP NUMBER: \_\_\_\_\_

## **PARTICIPATION AGREEMENT!**

**I acknowledge that participation in the activities of Cross Point Ministry involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.**

**In consideration for the opportunity to participate in the activities that are offered by Cross Point Youth Ministry, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.**

**If a dispute over this agreement or any claim for damages arise, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**