



Participation Form
(Form valid through graduation year)

_____ / ____ / _____
 Student Last Name Student First Name DOB Graduation Year

1. I, the undersigned, do hereby give my permission for said student to travel to and from and participate in **all school-sponsored events, activities, sports, Christian service, field trips, and use of the computer lab.**
2. I release Crosshill Christian School from liability and/or financial obligation for any injury that may occur during participation in such activities.
3. I understand that any additional fees related to the activity must be paid prior to the event in order for the student to participate.
4. I also understand that I will be held responsible for any damage to or loss of property caused by said student, including equipment owned and issued by Crosshill Christian School.
5. I acknowledge that all medical forms on file are current and valid. I will update the school office in the event of any changes.
6. I give permission for my child to be assigned a CCS Google Apps for Education account. (For students in 7-12 grade)

Medical Release: I, the undersigned, do hereby authorize officials of Crosshill Christian School to contact the persons named on this form, and do authorize physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons or parent cannot be contacted, or this form has not been completed by the undersigned, Crosshill Christian School office officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child. I will **NOT** hold Crosshill Christian School financially responsible for the emergency care and/or transportation for said child.

Approved Hospital for Emergency Transport: _____

Approved Medications & Dosage: _____

Any Medical Alerts (i.e. allergies, conditions): _____

Does anyone pose a threat to this student? Name _____ Description _____

I have read and fully understand the above agreement and agree to abide by its conditions.

 Parent/Guardian Name Cell Phone # Home# Date

 Parent/Guardian Name Cell Phone # Home # Date

 Emergency Contact Name Cell Phone # Home # Date