

CrossPoint 2024-25

GEMS PROGRAM Registration Form

GEMS NAME: _____ GRADE _____

PARENT/GUARDIAN: _____ DATE OF BIRTH _____

ADDRESS: _____

EMAIL ADDRESS (PARENT) _____

PARENTS CELL PHONE (DAD) _____ (MOM) _____

PERMISSION TO PICK UP MY CHILD: _____

EMERGENCY CONTACT NAME (NOT A PARENT): _____

RELATIONSHIP TO YOUTH: _____

PHONE _____

PLEASE LIST ANY ALLERGIES OR ANY OTHER MEDICAL

CONCERNS _____

NOTE:

- ALL ELECTRONIC DEVICES ARE ALLOWED, HOWEVER, THEY WILL BE ASKED TO BE PUT AWAY AT THE BEGINNING OF EACH NIGHT.



GEMS Girls' Clubs



CrossPoint 2024-25

CrossPoint Church Liability Release and Permission Statement:

I/we, the parent(s)/guardian(s) of _____, understand and agree to the following:

- I/we understand that CrossPoint Christian Reformed Church strives to provide a safe and secure environment within it's children and youth ministry programs. However, sometimes accidents and injuries happen. We will not hold CrossPoint Christian Reformed Church, it's officers, employees, or volunteers liable for any loss, damage, injury, illness or death which may arise out of my child's participation in any of the children and youth ministries' activities or events.
- I/we give permission to the employees and volunteers of the children and youth ministries to provide and / or request any first aid and / or medical treatment which my/our child may require while participating in any of the children and youth ministry activities or events.
- I/we give permission to the employees and volunteers of CrossPoint Christian Reformed church to take pictures of my/our child during their participation within the children and youth ministry programs. I/we understand that these pictures may be shown within CrossPoint Christian Reformed Church's worship services, as well as on the Church's website and social media platforms (Facebook and Instagram).
- I/we give permission for our child to attend scheduled CrossPoint events through digital platforms, (Zoom).

SIGNATURE:

DATE:
