Student Information and Permission Form
CrossTown and Basecamp Youth 2026

Student Name:	Preferred Name:	Preferred Pronouns:
Date of Birth:	Grade (2026-2027 School year)	
Parent/Guardian Names:		
Address:	Home Phone:	
Parent/Guardian Phone(s): [ ]Check here to allow texting	Parent/Guardian E-mail:	
Student Phone(if applicable): [ ]Check here to allow texting	Student E-mail (if applicable):	
School:	Home Church:	
Emergency Contact (other than parent):		

MEDICAL HISTORY	
Current Medications:	
Known allergies	Any Restrictions (Diet/Physical)
INSURANCE INFORMATION Please attach a copy of your insurance information to this form.	

My child may participate in Ecumenical Youth Group activities, with First United Methodist Church, St. Philip's Episcopal Church, Lutheran Church of the Good Shepherd, and Bethel A Baptist Church, including weekly activities, special trips and excursions under the supervision of approved Church Volunteers. This includes permission to ride on a Church Bus belonging to one of the four churches listed above, with an approved driver.

Additionally, I give permission for my child to be photographed, and Crosstown to use individual and group photos in its publications, both in print and online. _____ (please initial)

I hereby authorize any adult volunteer to give consent for medical treatment of my child in the event of illness or injury. I further release First United Methodist Church, St. Philip's Episcopal Church, Lutheran Church of the Good Shepherd, and Bethel A Baptist Church, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church event and/or trips. In case of emergency, I understand that every effort will be made to contact me as a parent or guardian. In the event that I cannot be reached, I hereby give permission to the physician or medical professionals selected by the church representatives to hospitalize and secure proper treatment for my child. The authorization is effective for the individual names above for a period of one year from the date signed.

_____ _____

Signature of Parent or Guardian Date