

**CROSSROADS CHURCH YOUTH EVENT FOR**  
FAITH11 Laser Tag Event at Zap Zone, 31526 Grand River Ave, Farmington, MI  
Starting/Ending at Crossroads Church, 34500 Six Mile Road, Livonia, MI  
**Friday, February 17, 2023**  
**6:52-9:00 pm**  
**Cost: \$9 + \$\$ for arcade games (cash only)**

To attend this event, please fill in the form below and hand it to your leader before or at the beginning of the event.  
You cannot attend this youth event without a permission slip signed by a parent or guardian.

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**STATEMENT OF LIABILITY & CONSENT/PERMISSION SLIP**  
**A parent or guardian of each student that participates MUST complete this form**

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Any allergies/disabilities? \_\_\_\_\_

**PERMISSION SLIP FOR EMERGENCY TREATMENT**

Should a medical emergency arise, the Crossroads Church staff and leaders have my permission to obtain any necessary emergency care for my son/daughter.

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group/Policy # \_\_\_\_\_

Please Note – Medical facilities may choose not to treat your child, unless this form is notarized or you can be reached by phone.

**STATEMENT OF INSURANCE**

In the event of an injury, during any aspect of a student's participation in this Crossroads Church Youth Event, IT IS THE RESPONSIBILITY OF THE PARENTS OR THEIR INSURANCE COMPANY TO PAY FOR MEDICAL EXPENSES, INCLUDING AMBULANCE FEES.

**PERMISSION TO PARTICIPATE**

I hereby state I have read the above statements and under these conditions grant permission for my child \_\_\_\_\_ to participate in this youth event on February 17, 2023. I agree to hold Crossroads Church, its employees, and volunteers harmless for any claim or action that might arise on behalf of myself or my son/daughter other than for the wilful, wanton, or reckless misconduct of Crossroads Church, its employees or volunteers. I understand that my son/daughter will agree to obey the instruction of the Crossroads Church staff and leaders and respect the rights of others.

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**Name of Parent/Guardian** **Signature of Parent/Guardian** **Date**