



## 2022 – 2023 CALVARY CREW PERMISSION/MEDICAL AUTHORIZATION FORM

Green Lake Calvary Church  
608 - 145<sup>th</sup> Ave., Caledonia, MI 49316  
Phone: (616) 891-8764 Fax: (616) 891-9024  
Email: [glcc@greenlakecalvary.org](mailto:glcc@greenlakecalvary.org)

As a parent/legal guardian of \_\_\_\_\_, I give permission for him/her to be involved in the overall activities of Calvary Crew and to ride in the church's designated vehicles for events.

I understand all reasonable safety precautions will be taken at all times by Calvary Crew Staff and its agents during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Green Lake Calvary Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print) \_\_\_\_\_ Student Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Health/Medical Ins. Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Please list any allergies and/or medical conditions the subject of this release may have. Also list any prescription medications he/she may be taking at this time.

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