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Minor Participation Authorization & Consent to Emergency Medical Treatment

By signing below, I certify that I am the parent or legal guardian of the minor child named (hereafter the "minor child"), and hereby give my consent to have my minor child participate in the following activity at Cross Lutheran Church & School: 2023-2024 Cross Lutheran Sports Program, July 1, 2023-June 30, 2024.

I recognize that there may be risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Cross Lutheran Church & School, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Cross Lutheran Church & School, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As a parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

Minor Child's Name _____

Parent's Printed Name _____

Parent's Authorization Signature _____