

Crosswinds' Kid's Quest Information Form

Child/ren's First/Last Name: _____

Date of Birth: _____

Parents: _____

Address: _____

Phone: _____

Email: _____

Allergies: _____

Special Instructions: _____



Permission for Photo/Video Release

As a parent of _____, I give my consent for Crosswinds Church to publish his/her photograph, image or voice in any publication including, but not limited to photographs, video recordings or electronic transmissions as they may be distributed to media in print, video or Crosswinds Internet web page. *

Parent Signature: _____ Date: _____

*Please note: Photographs and videos are mainly used for video presentations during Sunday Service times.