



Crosswalk

...where youth follow Jesus

The Walk Event Waiver & Medical Release Form

Gulf Breeze United Methodist Church

Student's Name _____ Phone # _____ D.O.B. _____

Address _____

SSN# _____ - _____ - _____ Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

Additional Parent Contact #'s _____

Medical Information

Student's Physician _____ Physician's Phone # _____

Name of Insurance Company _____

Policy # _____ Date of last tetanus shot _____

List allergies and medications (include dosages) your child has or is taking; or any other medical information that we should be aware of.

I, the undersigned, do hereby release and forever discharge Gulf Breeze United Methodist Church and sponsors from any and all claims, demands, actions or cause of action - past, present or future arising out

of any damage or injury to my child whose name is listed above. My permission is granted to the GBUMC staff member or GBUMC sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.

Parent/Guardian Signature _____ Date _____

TRAVEL DATES

6TH Grade
August 30th
September 13th
October 6th
November 1st & 8th
December 6th
January 10th
February 7th
March 7th
April 11th
May 9th

7th Grade
August 30th
September 20th
October 11th
November 1st & 15th
December 6th
January 24th
February 14th
March 21st
April 18th
May 16th

8th Grade
August 30th
September 27th
October 8th
November 1st & 29th
December 6th
January 31st
February 8th
March 8th
April 25th
May 23rd