



crosswinds wesleyan church
 Office: 585.394.5857 | Fax: 585.394.6642
 3360 Middle Cheshire Road,
 Canandaigua, New York 14424
 www.crosswindsonline.org

Student Ministries Event Registration

Event:	Date of Event:
Cost:	Application Due Date:
Please make Checks payable to Crosswinds Wesleyan Church	
Please submit form & registration money to Crosswinds office, place in The Box Drop Box, or fax registration form to (585)394-6642.	

Student Information

Last Name:	First Name:	
Grade:	Age:	Gender: M F
Phone:	Email:	
Address:	City:	
	Zip Code:	

Parent / Guardian Information

Name(s):	Email:
Home Phone:	Other Phone:

Medical Information

Insurance Provider:	Card #	Exp.
Medical Conditions or Allergies: (Please make special note of food allergies)	Medication(s) Currently Being Taken: (Please note medication names and times taken)	

Permission Form

Student

I promise to abide by all rules and plans set forth by the leaders of The Box and Crosswinds Wesleyan Church during the course of this event.	
Signature:	Date:

Parent

I am the legal guardians of the student named above and hereby give my permission for the named student to participate in the above named event with the leaders of Crosswinds Wesleyan Church. I understand that in the event of an emergency the leaders of Crosswinds Wesleyan Church will do everything in their power to contact me personally, but in the event they are unable to do so, I give my permission for the leaders to seek necessary medical attention for the student named above.	
Signature:	Date:

Office Use Only

Recorded: Yes / No	Date Received: / /	Paid:	Owed:
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