



## Medical Release Form for Children (under 18 years old)

I, \_\_\_\_\_  
(Parent/Guardian's Name)

Do hereby grant permission for my son/daughter, \_\_\_\_\_,  
(Child's Name)

to participate in classes at the Community Center for the Arts (CCA) at Gulf to Lake Church. In the event that he/she may sustain injury or illness during a class or lesson, I hereby authorize the staff to obtain or provide the proper medical treatment for my child for such injury or illness. I hereby hold the teacher and CCA/Gulf to Lake Church harmless in the exercise of this authority. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain. I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release CCA/Gulf to Lake Church and its representatives from any claims for personal illness or injury that my child may sustain.

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

Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Please list any known physical limitations, illnesses, conditions or allergies:

---

---

---

---

---

**Please Checks Payable to Gulf to Lake Church, Memo: CCA.**

Mail this form, along with the enrollment agreement form, medical release form, your \$10 registration fee and your first tuition payment (or the full tuition amount, if you choose) to:

Gulf to Lake Church  
Attn: CCA Administrator  
1454 N. Gulf Ave. Crystal River, FL 34429

Questions? Call: (352) 795-CCA2 (2222)  
E-Mail: [stacy.mason@gulftolake.com](mailto:stacy.mason@gulftolake.com)