CROSSROADS
INTERNATIONAL HOUSE OF WORSHIP

Dance/Mime Application

Contact Information

Name	
Parent's Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Mime or Dance or Both	

Availability

During which hours are you available for rehearsals?

___ Weekday mornings ___ Weekend mornings
___ Weekday afternoons ___ Weekend afternoons
___ Weekday evenings ___ Weekend evenings

Waiver: I, the undersigned parent/guardian, gives CrossRoads International House of Worship Worship Ministry permission to seek medical treatment for my child if necessary*. I also give them permission to administer minor first aide as needed. I agree that the church will not be held responsible for accidents that may occur during ministry events. Further, I give permission for my child to participate in all activities (unless otherwise stated on this form) during periods when he/she are involved in the ministry events. I agree that participation may involve both indoor and outdoor activities; travel on church vans or in chaperone cars. I understand that activities may be photographed or videotaped and I give permission for my child's photo/video to be used on "in house" displays such as bulletin boards or on the church's website, www.CIHOW.com or email blasts.

I acknowledge that this permission agreement is valid from the date signed below. I understand that it will be my responsibility to "verbally" inform Leaders or volunteers of any special needs, medications, or allergies prior to each event. I also understand that CIHOW is not liable for injuries sustained and I should seek a medical doctor prior to participation for physicals.

PARENT SIGNATURE:

_____

DATE:_____

Thank you for completing this application form and for your interest in volunteering with us.