

Cornerstone Church of Lone Registration Form

2019



2020

INFORMATION - Please fill out one form per child.

Child's Name _____ Age: _____ Birth Date: _____

Mailing Address: _____ Phone: (____) _____

Physical Address: _____

City: _____ State: _____ Zip: _____

School: _____ Teacher: _____ Grade: _____

Father's Name (Please Print): _____ Contact Phone: (____) _____

Mother's Name (Please Print): _____ Contact Phone: (____) _____

Email Address (for communication purposes): _____

Other Emergency Contact: _____ Phone: (____) _____

Is there anything else we should know about your child? _____

Name of Church you currently attend (if any) _____

FEES

We have payment plans and scholarships! It is Cornerstone Church's desire that no child should be unable to participate due to financial difficulties. If this is a concern, please talk to us! Please make checks out to "Cornerstone Church" with the word AWANA in the Memo field. You may pay multiple children with the same check.

Registration:	\$35.00 which includes all Awards, Snacks and Store Prizes <small>(\$25 if pre-registered by July 30, 2019)</small>	_____
Handbook:	\$12.00 (K-2 Grade Sparks) \$12.00 required (3-6 Grade T&T)	_____
Uniform:	\$11.00(Vest) (K-2 Grade Sparks) \$17.00(Jersey) (3&4 Grade T&T) \$17.00(Jersey) (5&6 Grade T&T)	_____
Book-Bag: (Optional)	<div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">\$6.50 _____ Sparks (Red Canvas Bag)</div> <div style="border: 1px solid black; padding: 2px;">\$6.00 _____ AWANA (Blue Drawstring Backpack)</div> <div style="border: 1px solid black; padding: 2px;">\$9.00 _____ T&T (Green & White Sling Bag)</div> </div>	_____
TOTAL DUE		_____

Optional Item(s):

Sparks Frequent Flyer Extra Credit Cards:	\$ 10.00 _____
Replacement Sparks Wings	\$ 1.50 _____

If mailing, please send payment & form to :
Cornerstone Church
P.O. Box 304, Lone, CA 95640

For Awana Staff Use
Optional Item(s)
Date Paid _____

For Awana Staff Use

Amount Paid	_____
Date Paid	_____
Scholarship	_____
Payment Program	_____

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Release Form

Child's Name: _____

INDEMNITY AGREEMENT

As the undersigned as parent or legal guardian of the child listed above, does hereby give permission for the above named individual to participate in Awana Club at Cornerstone Church, which also includes outings (i.e. Awana Games, Quizzing, Sparks-a-Rama, Club Hikes, Craft Days, etc.). As a condition of attending, I do hereby release Cornerstone Church from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way, arising from participating in Awana, including to, but not limited to transportation to and from the sponsored event. I further agree that the financial responsibility for securing care, in the case of injury resulting from participation in the program, is a matter between the participant and his/her health care provider, and that Cornerstone Church cannot pay health care providers for treatments or any injuries. It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from the sponsored events.

MEDICAL RELEASE

As the parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

PHOTOGRAPH AND VIDEO RELEASE

I give my permission for my child to be photographed or videoed at Awana Club and Special Events, for the purpose of showing a slideshow at the Awards Ceremony.

Parent or Guardian (please print) _____

Signature _____ Date: _____

TRANSPORTATION - Please initial by the applicable statements

_____ My child may be picked up from school (*Ione Elementary only*) by Awana staff, and escorted to Cornerstone Church.

_____ My child has permission to **walk home alone** after Awana.

Other Individuals allowed to pick up my child after club: _____

INSURANCE AND MEDICAL INFORMATION

Carrier: _____ Group#: _____ Policy#: _____

Child's Physician: _____ Physician's Phone: _____

Physician's Address: _____

Specific Medical Allergies, Chronic Illness or other conditions: _____