

Cornerstone Church of Lone Registration Form

2022



2023

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

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

Registration: \$25.00 which includes Snacks and Store Prizes _____
(\$20 if you sign up at Ice Cream Sign-Ups on July 29th, 3:30-6pm)

Handbook: \$6.50 **required** (K-2 Grade Sparks) \$6.50 **required** (3-6 Grade T&T) _____

Book-Bag: (Optional) \$7.50 _____ Sparks (Red Canvas Bag) \$6.50 _____ AWANA (Blue Drawstring Backpack) \$14.00 _____ T&T (Green Sling Bag) _____

TOTAL DUE _____

Please make checks out to "Cornerstone Church" with the word AWANA in the Memo field. You may pay multiple children with the same check.

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!

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.

COVID-19

It is also understood that masks are **NOT** being required to be worn at AWANA and there will be **NO** social distancing. As a parent, it is understood that if my child should become ill with the Coronavirus, Cornerstone Church will not be liable for any sickness or complications as stated in the Indemnity Agreement.

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 end of AWANA.

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.

INSURANCE AND MEDICAL INFORMATION

Carrier: _____ Group#: _____ Policy#: _____

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

Physician's Address: _____

Specific Medical Allergies, Chronic Illness or other conditions: _____