

**CORNERSTONE FAMILY MINISTRY CONSENT FORM July 1, 2016 – June 30, 2017**

**Child/Student Information (Registration for all Pre-K - High School Students)**

\_\_\_\_\_  
Child/Student's Name

Please list any medical or health concerns:  
\_\_\_\_\_

\_\_\_\_\_  
Address of Child

Please list any current medications:  
\_\_\_\_\_

\_\_\_\_\_  
City State, Zip Code

Please list any known allergies (food, medication, etc.)  
\_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth      M   F  
                                 Gender      Age      Current Grade

**Please circle the grade your child will be in for the 2016-2017 School Year:**

Pre-K    Kdg    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

Please mark one:

- This child is allowed to ride in an approved adult leader's vehicle.
- This child is *not* allowed to ride in an approved adult leader's vehicle.

**Parent/Guardian Information**

**Emergency Contact Information** (Other than parent)

\_\_\_\_\_  
Parent/Guardian Name      Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone      Work Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email Address

**Consent**

I, the undersigned, being a parent or legal guardian of the child named above, consent to the participation of my child in all of the scheduled activities sponsored by Cornerstone Christian Church, Effingham, IL. If I choose to revoke this consent/release, I must do so in writing. This release applies to all activities for the above named date range. I assume all risks and hazards incidental to such participation of those activities. In case of injury to my child, I hereby waive all claims against Cornerstone Christian Church, its employees, organizers, and volunteers appointed by them. I understand that in the event of an emergency, Cornerstone employees, volunteers, or sponsors will make every effort to contact me and/or the emergency contact person. Should I or the emergency contact be unavailable to make decisions regarding my child's care, I grant permission for Cornerstone employees, volunteers, or sponsors to obtain emergency medical attention in case of sickness or injury to my child. Furthermore, I grant permission for an attending, licensed physician or hospital to administer any necessary medical care to preserve the welfare of my child. I acknowledge full responsibility for the cost of any medical care not reimbursed by my health insurance provider.

Please Check Next to Each Statement:

- I give permission for the transportation to and from any and all activities sponsored by Cornerstone Christian Church, Effingham, IL. I assume all risks and hazards incidental including transportation to and from these activities.
- I grant permission for Cornerstone Christian Church to use my child's photograph, likeness or image in video presentations, printed publications, promotions and website or in an other lawful manner. A child's name will not be used unless prior permission is received. Cornerstone Christian Church regularly photographs, videotapes or records audio during services and activities.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date