

# CLUB 56 ACTIVITY



## SIX FLAGS TRIP!

- **DATE:** Monday, August 10th
- **TIME:** Meet at the church at 8:00 AM; return at 9:00 PM
- **PLACE:** Six Flags Discovery Kingdom
- **COST:** \$38.00 per person (which includes your ticket into the park, and lunch at the park)

*A very SPECIAL day . . . the last Club 56 activity for the promoting 6th graders and the first Club 56 activity for the incoming 5th Graders! Don't miss it! Please invite a friend to come along!*



"Club 56" is a ministry of CORNERSTONE CHURCH. It is a group for kids in the 5th and 6th Grade designed to provide fun activities as well as ministry opportunities. If you have any question about this group, please contact Pastor Greg.

[www.ConsiderCornerstoneKids.com](http://www.ConsiderCornerstoneKids.com)

**Cornerstone Church**  
700 Washington Ave., Yuba City, CA 95991

### PARENTAL CONSENT & RELEASE FORM

(Please Print) \_\_\_\_\_  
has my permission to participate in the **Club 56 Six Flags Activity on August 10, 2009**, an event sponsored by Cornerstone Church. This activity will be under the supervision of the Children's Pastor. I understand that transportation to and from this activity is to be provided by the parents.

I agree to direct my child to cooperate and to conform with the directions and instructions of the adult personnel in charge of this activity.

Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the adult personnel permission to use their judgment in obtaining medical services for my child. I give permission to any licensed medical professional to render medical treatment deemed necessary and appropriate by a physician. All persons participating in this activity are deemed to have waived all claims against Cornerstone Church and its paid or volunteer workers for injury, accident, illness, or death, occurring during, or by reason of, the activity.

I have read and understand the forgoing statement agreeing to assume the responsibility stated and waive all claims as indicated. A copy of this document carries the same validity as the original.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

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

\_\_\_\_\_  
Emergency Contact Phone #

The above permission for medical treatment will be used only after reasonable attempt to reach the parent has been made. If you have any questions, please call the church office at **674-3087**.