



# Cornerstone Church

700 Washington Ave., Yuba City, CA 95991

## PARENTAL CONSENT & RELEASE FORM

# CLUB 56 ACTIVITY!

## Games!

## Pizza!

## Swimming!



***Come on out to the Martin's House on Friday, September 19th at 5:30 PM. Their house is located at 2317 Idaho Ln. in Yuba City. All kids in 5th and 6th grades are welcome to attend! The activity will be over at 8:30 PM. Questions? Need more information? Call Pastor Greg at the church: 674-3087 or the Martins: 751-0550.***



***"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 questions about this group or any of our Children's Ministries, please call Pastor Greg.***

(Please Print) \_\_\_\_\_  
has my permission to participate in the **Club 56 Pizza & Game Night on September 19, 2008**, 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**.