

# Cornerstone Families Registration Contract and Participation Release Form

Last name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Names and ages of children registering:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Yes, the above information can be published in the directory—it will not appear online.

\_\_\_\_\_ No, please indicate what information should **not** be included. \_\_\_\_\_

By signing this registration contract, I am stating that I am in agreement with the policies and statement of faith of Cornerstone Families as presented in the Cornerstone Handbook and the Registration/Participation Forms. I have reviewed them with my children, and we agree to abide by the rules and expectations as presently listed, or as may subsequently be amended. I understand that if anyone in my family violates the rules, it will jeopardize our participation in the co-op. I agree to be responsible for the behavior of the children in my charge.

By signing this agreement and submitting my non-refundable registration fee, I establish my family's registration in Cornerstone Families for the upcoming school year. I understand that I will be required to fulfill the co-op job(s) that will be assigned to me. I understand that failing to comply with these policies will jeopardize my participation in the co-op.

I hereby certify that the above named child(ren) are in normal health and are capable of safely participating in Cornerstone Families activities. I assume all risks and hazards incidental to the conduct of the program. I hereby authorize Cornerstone Families to call 911 in the event that parents and/or emergency guardian cannot be reached. I hereby expressly agree that the student at his/her own risk shall undertake all exercising and team sports. I agree that the Cornerstone Families organization shall not be liable for any loss, claims, demands, injuries, damages, etc. to my personal property. I will be responsible for any damages caused by my child or myself.

## Parent/Guardian Signature

Fall Semester \_\_\_\_\_

Date \_\_\_\_\_

Winter/Spring Semester \_\_\_\_\_

Date \_\_\_\_\_

## Student (s) signature—ages 13 and older

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\*Please let your child's individual teachers know of any condition your child may have that would help better facilitate their learning, or of any dangerous allergies your child may have.

## Legal Disclosure

My family is **not** currently involved in any civil or criminal matters such as custody issues, divorce, etc. (see handbook for more information). **If no, please sign below. If yes, please see a committee member.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Membership payment

Fall \_\_\_\_\_

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Winter/Spring \_\_\_\_\_

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

