



Spring Training 2009 Registration

Child's Name _____ Child's Age ____ Grade Level _____

Parent's Name(s) _____

Address: _____

Home Phone: _____ Parent's Work Phone: _____

Parent's Cell Phone: _____ Other Phone: _____

Emergency Contact Name and Number (other than parent):

Does your child have any food allergies? YES NO

If yes, please list: _____

May images of your child be used in VOICE and/or Cornerstone promotional materials?

YES NO

Does your child have permission to be picked up by someone besides the parent who has signed below?

YES NO Who? _____

Are there any special need or medical conditions that we should be informed of?

By signing below, I give my permission for my child to attend Spring Training. By signing, I further agree to release and hold harmless Cornerstone Baptist Church, VOICE, Inc. and all their representatives from any and all liability and claims as a result of my child's participation in any of the activities of Spring Training.

Parent's Signature

Date



Spring Training 2009 Activity Selection

Child's Full Name: _____

Please select two of the following sports/activities.
The participants will be involved in these activities
for the entire week. Select **ONLY** two (2) activities:

_____ Football

_____ Basketball

_____ Soccer

_____ Dance/Cheer