

Cornerstone Church Royal Ranger and Girls Ministry Registration Form

Please complete this form, being sure to list each child participating in the programs.

Child #1

Full Name: _____ Preferred Name: _____
Birthday: ____/____/____ Grade: _____

Child #2

Full Name: _____ Preferred Name: _____
Birthday: ____/____/____ Grade: _____

Child #3

Full Name: _____ Preferred Name: _____
Birthday: ____/____/____ Grade: _____

Family Information

Address _____ Home Phone () _____ - _____

City, State, Zip _____

Home Church _____

Father/Guardian _____ Cell Phone () _____ - _____

Email _____

Mother/Guardian _____ Cell Phone () _____ - _____

Email _____

1) Emergency Contact _____ Relation _____ Phone () _____ - _____

2) Emergency Contact _____ Relation _____ Phone () _____ - _____

Photo/Image Release

I give my permission to Cornerstone Church and Royal Ranger Outpost 136 to use my children's photograph for any lawful purpose, including but not limited to such purposes as publicity, illustration, and web content.

Yes

No