



Dear Preteen Parent,

I'm excited to be going back to SuperStart for 2018. SuperStart will be March 8th-9th 2019. SuperStart is CIYs Preteen conference for those students in 4th, 5th and 6th grade. It will be held at Traders Point and we will spend the night at CCC Friday night. Cost for the event is \$65.00 and that pays for registration, food and Plug N Play time. Registration deadline is February 8th. All forms and payments must be turned in by that date. You **MUST** fill out both forms in order to go. The CIY form is online at:

EM=ben@cornerstonerock.org&CN=00001290&YMF=Ben&YML=Radant&CH=Cornerstone+Christian+Church&EI=SUP19IN

Note that you will have to use a mouse to sign the form electronically. The other form is the Cornerstone Release form.

In order to see what SuperStart is all about visit their website
<http://www.ciy.com/superstart/about/what-is-superstart>.

What to bring:

- Bible
- Sleeping Bag & pillow
- Warm pajamas
- Money for any SuperStart merchandise
- Toiletries, (no showers will be available)
- **Electronic devices will be allowed as long as the students adhere to the rules.**
 - **Note:** *While we are allowing Cell Phones this year it is with the understanding that it is a privilege not a right. Cornerstone is not responsible for your phone getting lost or damaged. If you are caught using your phone at an inappropriate time we will take it away. This is your only warning.*

Ben Radant will be in charge of the group. You will be able to reach him at 317-645-6323. Here is the Schedule for the event:

Friday
6:00 pm Registration Open
7:00 pm Amp Up!
7:00 pm Adult Leader Meeting
7:30 pm Session 1
10:00 pm Dismiss

Saturday
8:00 am Amp Up!
8:30 am Session 2
10:00 am Dismiss for Plug 'N' Play
1:30 pm Session 3
3:00 pm SuperStart! Dismisses

Please eat or bring dinner before bringing your child to Cornerstone on Friday. **We will meet at CCC at 5pm.** Your child will be ready for pick up at 3:30pm on Saturday. You will be notified if the times change. Please sign the medical form for CCC below and turn in your registration fee to Ben Radant.



This event for Preteen students, (grades 4-6) will be on March 8-9. The theme for this next SuperStart is "Conquering Gargantor", Overcoming Obstacles to Sharing Your Story. The main scripture is Psalm 105:1, "Give thanks to the Lord and proclaim his greatness. Let the whole world know what he has done."

This year's SuperStart tour is about conquering Gargantor - the biggest obstacles that keep us from sharing the stories of God's work in our lives. By helping preteens conquer those obstacles, Superstart will help them become a force unhindered in sharing the amazing things God does. Through fun interactive teaching, preteens will not only discover their own God stories, but also an understanding of how to let the whole world know what He has done.

As followers of Christ, it's important to recognize the amazing ways He works in our lives. And equally as important is sharing the stories of what He has done with others. Preteens face many obstacles when it comes to telling others what God has done for them. Some preteens are fearful to share, while others may feel their story isn't good enough. In fact, most of them feel as if they don't even have a story to share. As a result, Psalm's commission to "Let the whole world know what He has done" can feel like standing in front of a gigantic obstacle course of impossibility. But imagine what preteens could do if that feeling of impossibility were removed.

Cost will be \$65 and the deadline will be February 8, 2018. To register, please email ben@cornerstonerock.org. You will get an email back with information to complete your registration.



Parental Consent, Certification, and Medical Authorization For Calendar Year 2019

Child's Name _____ Date of Birth ____/____/____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in activities sponsored by Cornerstone Christian Church throughout the year 2018.

General Information (please print)

Father's Name _____ Mother's Name _____

Child's Address _____

Home Phone _____ Parent's Work Phone _____

Father's Cell _____ Mother's Cell _____

Family Doctor _____ Phone _____

Insurance Company _____

Policy # _____ Group # _____

Other Emergency Contact Name _____
Phone _____

Medical Questionnaire

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No (if yes, please explain). _____

Is your child allergic to any type of medication? Yes No (if yes, please explain). _____

Does your child require a special diet? Yes No (if yes, please explain). _____

Does your child have (or has ever had) any of the following: (circle, and explain below)

- Seizure disorders Asthma Heart murmur
- Diabetes Hay fever Kidney disease
- Major Illness or Injury: explain _____
- Major Illness of immediate family: explain _____

Does your child have any allergies other than medical? Yes - No (if yes, please explain)

Parental Consent, Certification, and Medical Authorization, (continued)

Does your child ever sleep walk? Yes No

Can your child swim? Yes No

Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity: Yes No (if yes, please explain)

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary services in the event my child is injured or becomes ill. I understand that the church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the church in the event of any health changes that would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent/Guardian

Date

Please attach a copy of your insurance card: