



# LIFE TEAM.

SERVE • GROW • REACH OUT

Surname:			
Maiden Name: (if applicable)			
First Name:			
Title:	Age:	Date of Birth:	
ID Number:			
Gender:	Male:	Female:	
Home Language:			
Citizenship:			
Country of Birth:			
Current Activity:	Scholar:	Apprentice:	
	Student:	Other: (Specify)	
Current Occupation:			
Employer:			

## Contact Details

Telephone:	(H):	(W):	(Cell):
Fax:			
Email:			
Postal Address:			
			Postal Code:
Town/City:			

## Church Life

Home Church:			
Postal Address of Church:			
		Postal code:	
Senior Pastor / Lead Elder: Contact number:			
How long have you attended this church?			
Have you received any previous Christian training?			
If yes, please specify:			

## Spiritual Life

Describe your reason for wanting to join this course:
Indicate your expectation for the course in point form:

## Education

Secondary Education			
High School attended:			
Postal Address:			
	Code:		Telephone: e:
Highest Grade Passed:		Year:	
Extra-curricular Activities:			
Do you have a driver's licence?	Yes	No	If yes how long?
Please indicate with a <input checked="" type="checkbox"/> where applicable:			

Tertiary Education					
Institution	Years attended	Degree / Diploma Obtained	Completed		Date
			Yes	NO	

### Hobbies/Abilities

Please indicate with a  where applicable:

Can you play any musical instrument?	Yes		No	
If yes, which musical instrument?				
If you have any hobbies or interests please name them:				

### Family

Parent / Guardian				
Surname:				
Title:		Initials:		
Residential Address:				
Telephone:	(H)	(W)	(Cell)	
Email Address:				
Occupation:		Organisation:		
Parent/Guardian's relationship to you:				
Name and Contact details of other parents/guardian, if different from above:				
Name:				
Contact Details:				

How does your family feel about your application?

## Health

Rate your current health:	Excellent		Good	
	Fair		Poor	
List any allergies:				
Do you have any physical limitations?	Yes		No	
If yes please explain:				
Do you have any specific dietary requirements?	Yes		No	
If yes, please specify:				
Are you taking any medication?	Yes		No	
If yes, please specify what it is for:				
Are you on a medical aid: name and number				

## Other

How and from whom did you hear about The Life Team at Cornerstone Church?

## Agreement / Indemnity

Please read and complete the following carefully:

Agreement entered into by THE LIFE TEAM (CORNERSTONE CHURCH) and THE STUDENT and his/her PARENT/GUARDIAN (if applicable)			
I (FULL NAMES AND SURNAMES OF STUDENT)			
<p>Declare, undertake and agree to the following:</p> <ol style="list-style-type: none"> <li>1. To abide by the rules &amp; regulations of THE LIFE TEAM</li> <li>2. To acquaint myself with the rules and regulations of THE LIFE TEAM as well as all changes thereto.</li> <li>3. If I am accepted, I agree to follow the decision of the leadership and the full schedule of THE LIFE TEAM</li> <li>4. To pay, in full, all monies for hosting and THE LIFE TEAM monthly fees. And I understand that THE LIFE TEAM leadership reserves the right to allow me to continue with the course if I am not able to pay for it.</li> <li>5. That I am (Delete whichever is NOT applicable) <ul style="list-style-type: none"> <li>• Capable to enter this agreement without assistance.</li> <li>• Entering this agreement with the consent of my parents/guardians</li> </ul> </li> </ol>			
Signature:		Date:	
The following section must only be completed if the applicant is under the age of 21:			
I (FULL NAMES AND SURNAME OF PARENT/GUARDIAN):			
Identity Number:			
Signature of Parent/Guardian		Date:	

<b>Person responsible for account</b>	
Name & Surname:	
ID Number:	
Relationship to applicant:	
Phone number:	
Email address:	
Physical address:	
<b>Indemnity</b>	
Parent/ Guardian:	
<p>The parent / guardian of the above mentioned child, together with my/our heirs, trustees, executors or assigns, hereby indemnify Cornerstone Church, its leaders, deacons, elders, volunteer workers and any staff associated with the Church against any claim howsoever arising as a result of my/my child's involvement with attending/ travelling to/ travelling from any activity required during the Life Team Program year</p>	
Signed:	
Date:	
<p>I/we understand that in the event of medical treatment being required for the above mentioned child, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the Leaders, Deacons, Elders present to procure medical treatment, including anaesthesia, for my child's well being.</p>	
Signed:	
Date:	
<p>By signing this form I agree that all the information supplied on this form, to the best of my knowledge, is true and correct.</p>	