

Pioneer Clubs® Member Registration Form

Club Year _____ - _____

Club member name _____

Age _____ Birth date _____ Grade _____ School _____

Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Home Phone _____ Work phone _____

Mother's Name _____ Cell phone _____

Father's Name _____ Cell phone _____

Email address _____ Belongs to: _____

Home church _____

Doctor's name _____ Phone _____

Allergies _____

Special instructions or information about child: _____

Person(s) authorized to pick up child: _____

Emergency contact if parent or guardian cannot be reached:

Name _____ Relationship _____

Emergency contact phone _____

I give my permission to the staff of _____ to seek medical attention for my child if necessary while participating in Pioneer Club functions. I understand that all necessary precautions will be taken for my child's safety. I will not hold the church, its staff, or those supervising liable.

Signature of Parent or Guardian: _____

Print name: _____ Date: _____

Club Fees:

Registration fee \$ _____

Handbook \$ _____

Club outfit \$ _____

Other \$ _____

Total Paid \$ _____

Cash Check #

Balance due \$ _____

Paid in full, date _____

