



# Member Registration

2014-2015 Club Year

Club Member Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Home church \_\_\_\_\_

Allergies \_\_\_\_\_

Special instructions or information about child: \_\_\_\_\_

Person(s) authorized to pick up child: \_\_\_\_\_

## **Medical Emergency**

I give my permission to American Reformed Church Pioneer Clubs 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.

Emergency contact if parent or guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

## **Photo Release**

I give my permission to American Reformed Church Pioneer Clubs to take and publish, which may include media, photos of my child. \_\_\_\_\_ (Initials)

Signature of Parent or Guardian: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_