



Club Member Registration Form

2018-2019

Child's Name: _____ Date of Birth: _____

Age: _____ School Grade: _____ School Attends: _____

Allergies/Special Information: _____

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Age: _____ School Grade: _____ School Attends: _____

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Allergies/Special Information: _____

Child's Name: _____ Date of Birth: _____

Age: _____ School Grade: _____ School Attends: _____

Allergies/Special Information: _____

For additional children, use the back side of the form.

Address: _____

Parent(s)/Guardian(s) Names: _____

Phone: _____ Home Cell

Phone: _____ Home Cell

E-mail: _____ Mother Father Other

Home Church: _____

Person(s) authorized to pick up child: _____

Emergency contact if parent or guardian cannot be reached:

Name _____ Relationship _____

Emergency contact phone _____

*** MORE ON THE OTHER SIDE ***

I give my permission to the staff of Leighton United Methodist Church 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: _____

I approve for my child/children to be photographed throughout this Pioneer Club season and those photos can be used for viewing and promoting the Pioneer Club ministry. These photos may appear on bulletin boards, during the worship service, and/or on the church website.

YES

NO

Parent/Guardian Signature

Date