Pioneer Clubs® Member Registration Form

Club Year 2019-2020

Club member name Age Birth date Grade School Address City State 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 LUMC 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.

**Photo Release:** I hereby grant the LUMC permission to copyright and use photographs/videos taken at Pioneer Club of the minor designated above in any manor or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

**\_\_\_\_Please Initial if your child has permission to ride or walk to and from Pioneer Club**

Signature of Parent or Guardian:

Print name: \_ Date:



CLUB FEES:

Registration Fee $5.00 per child $10.00 per family

Cash \_\_\_ Check #\_\_\_\_\_\_\_\_

Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[www.pioneerclubs.org](http://www.pioneerclubs.org)