

Pioneer Clubs Registration Form

Club Year _____ - _____

Club Member Name _____ Age _____ Birth Date _____

School _____ Grade _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Email _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Home Church _____

Doctor's Name _____ Phone _____

Allergies _____

Any special concerns or information about the child (potty training, asthma, etc.)

Persons authorized to pick up child _____

Emergency contact if parent or guardian cannot be reached:

Contact 1: Name _____ Relationship _____ Phone _____

Contact 2: Name _____ Relationship _____ Phone _____

I give my permission to the staff of Westminster Reformed Presbyterian 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 _____

Skippers – ages 2 & 3 • Scooters – ages 4 through kindergarten
Voyagers – 1st & 2nd grades • Pathfinders – 3rd & 4th grades
Trailblazers – 5th, 6th, & 7th grades

Club Fees:	
Registration fee	_____
Handbook	_____
Club outfit	_____
Other	_____
Total Paid	_____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check #
Balance due	_____
Paid in full, date	_____

Visit our Pioneer Club website at
www.suffolkpioneerclub.org

