

PIONEER CLUB 2018-2019
Registration Fee: \$25 per student \$50 family cap

NAME: _____ AGE: _____ GRADE: _____

If homeschooled what grade would the child be in, in the public school: _____

ADDRESS: _____

PHONE #: _____

EMAIL ADDRESS: _____

PARENT(S) NAME: _____

HEALTH INFORMATION

Does your child have any medical problems? Please explain below.

Any allergies?

Any activity restrictions?

From time to time during the year, our Pioneer Club will be having well-supervised outings. Please fill out the permission slip below, which we will keep on file for the year.

My child, _____ has permission to attend outings with the Pioneer Club of Weare Christian Church during the 2018-2019 season. I also give the Pioneer Club leaders permission to seek emergency medical treatment for my child in the event that I am unable to be reached.

Parent/Guardian Signature _____

Emergency # where I can be reached: _____

Work #(if applicable): _____

Health Insurance information and any policy # or phone # needed: