Registration Form 08-09

Name: _____ Grade: _____

Parents: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Annual Registration Fee: **$15.00**

Pioneer Club T-shirt (optional)

Red verse shirt: $11 **Navy logo shirt: $11**

Please circle the size shirt you would like:

Youth S (6-8) M (10-12) L (14-16)

Adult S Adult M Adult L

Total remitted: $_____

The success of Pioneer Club depends on having adults committed to helping our leaders. We are asking you to volunteer one night this year and help the club leaders as we teach your child about God.

___ I will help with a unit conclusion. Please circle one.

Oct. 8th Nov. 19th Feb. 4th Mar. 11th Apr. 22nd

___ I have a skill / hobby that I would like to share with the club.

skill / hobby _____

Please fill out the Registration Form and Permission Slip & Health Form and return them with a check made out to PCC. You may turn them in to Lynn Sparks, Amanda Gould, or place them in the hanging folder in front of the Pioneer Club poster at the church.

Permission Slip & Health Form

I hereby give my consent for _____ to participate in Pflugerville Community Church's Pioneer Club and to go with the representatives of the church or any parent to off-site locations related to Pioneer Club. It is understood that Pflugerville Community Church (PCC) does not assume any responsibility in case an accident occurs. I agree to hold PCC (its staff, together with all participants assisting during camp activities) harmless from all liability by reason of accident or injury to the above named child. I request that during Club times the representatives of Pflugerville Community Church (PCC) be given authority to seek emergency medical and/or dental attention for my child. This authority is valid September 10, 2008 – April 22, 2000. I understand that I am responsible for all costs incurred for any medical treatments.

D.O.B. _____ Age ____ Family Physician _____

Physician's Phone _____ Allergies _____

Date of last Tetanus _____

Any health issues that we should be aware of:

_____

Guarantor's Insurance Co.:_____

Carrier (Employer): _____

Employer's Phone: _____ Group #: _____

Name of Insured: _____

DOB of policy holder: _____

Date: _____ Signature_____