



Club Year: 2019-2020

Club member name: _____

Age: _____ Birthdate: _____ Gender: _____ Grade: _____ Shirt Size: : _____

Brothers and sisters also in Pioneer Clubs (list name, age and grade):

Parent or guardian name: _____

Address: _____
City State Zip code

Home phone: (____) ____ - ____ Cell phone: (____) ____ - ____ Work phone: (____) ____ - ____

Home email address: _____

Parent or guardian name: _____

Address: _____
City State Zip code

Home phone: (____) ____ - ____ Cell phone: (____) ____ - ____ Work phone: (____) ____ - ____

Home email address: _____

Where is the best place to contact you while your child is participating in Pioneer Clubs: _____

My child has the following allergies, chronic conditions, medical concerns, or special learning needs:

Is there anything that you would like us to know about your child? _____

Emergency contact if parent cannot be reached:

Name Relationship Phone: (____) ____ - ____

If I am not available, and a medical emergency arises, the supervising adult has my permission to seek medical help at:

Physician, Name of Hospital, and phone number

Come prepared to have lots of fun and get messy!



Home Church: _____

I authorize Barnum Community Church to use photos taken of my child at BCC events to be used in BCC publications and website. ____ Yes ____ No

AUTHORIZATION FOR MEDICAL TREATMENT In the event of an emergency where medical treatment is required; I give my permission to Pioneer Clubs leaders and /or Barnum Community Staff to obtain the services of available medical personnel. I _____ authorize the treatment of the following minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger this minor's life, cause disfigurement, physical impairment, or undue discomfort if delayed. I understand that every effort will be made to contact me before treatment. I release Pioneer Clubs leaders and Barnum Community Church and Barnum Community Staff and all medical providers from any and all liability in acting on my behalf in this regard in rendering such medical treatment.

Parent's Signature _____

Date _____

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