



Registration

Club Year 2018

Club member name:

Age: _____

Birth date: _____ Grade: _____

Brothers and sisters also in Pioneer Clubs (list names and club group or age):

Parent or guardian name:

_____ Address:

_____ City _____ State/Prov _____

Zip/Postal Code _____ Home phone: (_____) _____ - _____

Work phone: (_____) _____ - _____

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

Emergency contact if parent cannot be reached:

Name:

_____ Phone: (_____) _____ - _____

Date: _____