

**Clubber Registration**

**Calvary Snowflake Pioneer Clubs**

**Club Year: 2024-2025**

**- Please Print -**

311 S 1st E  
Snowflake, AZ 85937

Please complete and sign this form. You may use the back side if you require more space. If you grant permission for us to send text messages, please provide your Cell Phone Carrier's Name here: \_\_\_\_\_ (e.g. AT&T, Verizon, etc.)

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>	<u>Text?</u>
Name(s): _____	Cell Phone: _____	_____	..
Address: _____	E-Mail: _____	_____	
City: _____ State: _____ Zip: _____	Home Phone: _____	_____	..
Home Church: _____	Work Phone: _____	_____	..
Persons (other than parents) authorized to pick up the children: _____	Other: _____	_____	..
_____	Emergency*: _____	_____	..

\* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Need Book</u>	<u>Need Uniform</u>	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Child</u>	<u>Doctor Name and Phone</u>	<u>Dentist Name and Phone</u>	<u>Insurance Co and Policy #</u>	<u>Last Td Shot</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I am interested in helping: \_\_\_ Weekly \_\_\_ Every other week \_\_\_ Monthly \_\_\_ For Special Events  
 Note: All Pioneer Club leaders and helpers must submit to a background check before working with the children.

**Terms and Conditions**

1. I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Calvary Chapel Snowflake, and any persons involved in the Pioneer Club Ministry.
2. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However if I/we cannot be reached, I give permission to the PIONEER CLUB volunteers to secure the services of a licensed physician to provide the necessary care for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
3. I grant permission for photos of my children to appear among general club photos as long as there is no identifying information shown.
4. I grant permission for my child to travel to/from Pioneer Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the Terms and Conditions stated above

X \_\_\_\_\_  
 Signature of Parent/Guardian Date

Office Use

Fees:

-Annual fee of \$45/child

Total Due \_\_\_\_\_

Amt Paid \_\_\_\_\_

Fees help to cover part of:  
 Handbooks, uniforms,  
 banners, awards, store items,  
 and snacks