



# REGISTRATION

Please complete one registration form per child and return with payment to:  
Parkside Church, ATTN: Pioneer Clubs, 7100 Pettibone Road, Chagrin Falls, OH 44023

**PLEASE PRINT CLEARLY**

Child's Name: \_\_\_\_\_  Male  Female  
(Last) (First) (Nickname)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  This is my child's first year in Pioneer Club.

Home Address: \_\_\_\_\_  
(Street Address) (City) (Zip)

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cellphone: (\_\_\_\_) \_\_\_\_\_

Parent(s) Full Name(s): \_\_\_\_\_

If your child is returning from last year, what materials does he/she have?

- Handbook  Sash (girls)  Banner (boys)

**[PARENTS: PLEASE COMPLETE OTHER SIDE →]**

## PAYMENT

Pioneer Clubs costs \$15/child (\$45 max/family) for materials such as books, badges, supplies, etc.  
*T-shirts are optional and will be available for purchase (\$11/each) at the beginning of the year.*  
Payments for additional children may be combined in a single check.

**Please make checks payable to Parkside Church;** write child(ren)'s name(s) on memo line.

Cost: \$15.00 per child      Total children x \$15.00 each =      \$ \_\_\_\_\_  
(maximum of \$45/family)

For Office Use Only:

CHECK # : \_\_\_\_\_

Cash Paid: \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE →**

# AUTHORIZATION FOR MEDICAL RELEASE

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, give  
(Full Name) (Child's Name)

my consent and permission to the chaperones to administer any necessary emergency medical aid to my child while he/she is participating in a youth activity with Pioneer Clubs/Parkside Church.

**Known Allergies:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_

## MEDIA RELEASE

I agree to allow Parkside Church to use my child's photo (without name) in their public media, including the website. **Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PICKUP AUTHORIZATION

We want your child to have a fun, safe time at Pioneer Clubs. In the interest of safety, we appreciate knowing your plans for picking him or her up each evening. We request that you **pick your child up PROMPTLY in Room L33-34 at the dismissal (8:15 pm)**. There may be times when you are unable to pick up your child, and we would like to know that we are dismissing your child into the hands of a designated adult as listed below:

I authorize the following adults to pick up my child, \_\_\_\_\_, from Pioneer Clubs activities:  
(Child's Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

