

PLEASE PRINT CLEARLY

Pioneer Girls Registration Form

Girls Name: _____ Birth Date: ____ / ____ / ____ Grade: _____

Mailing Address: _____

Mothers Name: _____ Mother's Cell #: _____

Fathers Name: _____ Fathers Cell #: _____

Parents E-mail: _____

(All communication will be sent through e-mail)

Home Church: _____

Brought/Picked up by: _____

Any person restricted from this child: _____

**PERSON AUTHORIZED TO PICK YOUR CHILD UP IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:

Name: _____ Phone: _____

Address: _____

Relationship: _____

ALLERGIES: _____

Does your child have any special needs that we need to be aware of? _____

PLEASE ✓IF YOU GIVE YOUR DAUGHTER PERMISSION FOR THE FOLLOWING:

- To be photographed/published in relation to PG group
Girls night-in- (5th-8th grade only) Friday, November 16th 5pm-10pm
Christmas Caroling at Cedar View- Wednesday December 5th 6:30-8:15
Girls night-in- (5th-8th grade only) Friday, March 8th 5pm-10pm

**I give permission for my daughter to attend and participate in pioneer girls and all activities associated with pioneer girls and to receive emergency treatment if necessary. I hereby give permission to the physician to hospitalize, secure proper treatment and to order injections, anesthesia or surgery for my child named above for the 2017-2018 year. I will not hold the church, its staff or those supervising liable. (Permission is only for extreme emergencies on activities away from church premises. All efforts will be made to contact the parent/guardian in the unlikely event of any emergency)

INSURANCE INFORMATION MUST BE COMPLETED IN ORDER TO ATTEND THE PROGRAM

Insurance Company: _____ ID/Group #: _____

Policy holders name: _____

Signature of Parent/Guardian: _____

Class Registration Fee: \$10/child

Total Paid: _____

PG T-shirt \$10 To be ordered () Youth S M L Cash

() Adult XS S M L XL Check