



Club Member Registration

Club Year 2011-2012

Please fill out the form below and send to the church office along with your \$20 registration fee.

Club Member Name: _____

Age: ____ Date of Birth (M/D/Y): _____ Grade: ____ School: _____

Parent or Guardian Name: _____

Address: _____ City: _____

State: ____ Zip Code: _____ E-mail: _____

Home Phone: (____) _____ Cell Phone: _____

Church Home: _____

Allergies, Health Problems, Special Concerns _____

Brothers and sisters also in Pioneer Clubs (names and ages): _____

St. Luke's continues to strive for quality Christian education. We promise to teach your child the truths of God's Word in the Bible, and lead him/her to know that Christ is in every aspect of their life. As partners in the Christian education of my child, I promise with God's help to encourage my child's regular participation in Pioneer Clubs. I will pray for the teaching staff that they would be Godly role models for my child. I agree to help in any way I can to support this ministry.

Parent Signature

Date

I understand that the personal information provided regarding my child will be used in a confidential and professional manner, shared only with pioneer club leaders as needed, for the purpose of meeting my child's health and educational needs. If this information is not to be shared, I will provide written notification stating this fact to the DCE or Community Night Coordinator.

In the event of serious accident or illness, I request the church to contact me. If I cannot be reached, the church may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or other medical facility. I will assume responsibility of payment for services rendered.

Parent Signature

Date

Photography Release

Child's Name: _____

I grant permission for any and all photographs and videotapes of my child to be used in the church or church-related publications.

Please select the appropriate box below:

- I agree to the above statement. *If you check this box, please fill out the rest of the page.*
 - I disagree with the above statement. Please do not publish *any* pictures of my son/daughter in any church or church-related publications. *If you checked this box, please skip the next section and sign the bottom of the page.*
-

If you agree to have your child's picture published, please mark one of the following:

- I grant permission for St. Luke's Lutheran Church to print my child's first name with the aforementioned photographs.
 - Please do not use my child's name when you publish his/her photograph in church or church-related publications.
-

This form represents my wishes concerning the publication of photos of my child for congregational purposes.

(Parent/Guardian Signature)

(Date)

For office use only:

Registration Fee: \$20

Paid: _____

Group Name: _____

- Cash**
- Check #** _____
- T-shirt** **Order** **Deliver**

- Photo**
- Parent Questionnaire**