

PIONEER CLUB REGISTRATION
2011-2012 School Year

Parents/Guardian Name:

Address: _____

City: _____

State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email _____

Address: _____

Emergency Contact: _____

Emergency Contact Phone number: _____

Secondary Emergency Contact: _____

Secondary Emergency Contact Phone
number: _____

Name: _____

Name: _____

Age: _____ Male or Female
Female

Age: _____ Male or

Grade (this fall): _____
fall): _____

Grade (this

Medical concerns/allergies/food allergies:
concerns/allergies/food allergies:

Medical

Is your child able to participate in physical
in physical

Is your child able to participate

activity? _____ Yes _____ No
_____ No

If no, please explain:

Name: _____

Age: _____ Male or Female
Female

Grade (this fall): _____
fall): _____

Medical concerns/allergies/food allergies:
concerns/allergies/food allergies:

Is your child able to participate in physical
in physical

activity? _____ Yes _____ No
_____ No

If no, please explain:

activity? _____ Yes

If no, please explain

Name: _____

Age: _____ Male or

Grade (this

Medical

Is your child able to participate

activity? _____ Yes

If no, please explain: