

Pioneer Clubs
at
Niagara United Mennonite Church

Please complete this form.

Name of Child _____ Telephone _____

Address _____

e-mail: _____

Birthday _____ School grade _____

Medical Concerns/
Allergies _____

Name of Parent/Primary Caregiver _____

Home telephone _____ Work telephone _____

Emergency Contact person _____ Emergency telephone _____

Home Church _____

WAIVER OF RESPONSIBILITY

I give _____ permission to participate in this program.
The leaders will not be held responsible for injury, etc.

Parent/guardian
Signature _____ Date _____

Registration Date: _____

Registration Fee (\$40.00) Paid By:
Cheque _____ Cash _____

RECEIPT

Received from: _____

Amount Paid: _____

Niagara United Mennonite Church