



HEAVEN'S TRAIL CLUB REGISTRATION FORM 2019-2020

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_      GRADE: \_\_\_\_\_  
                  mm dd yr

PARENT(S) / GUARDIAN(S) NAME(S): \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM LAST YEAR):

\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE# \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

EMERGENCY CONTACT NAME AND NUMBER:

\_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

CHILD'S PLEDGE:

I \_\_\_\_\_, want to join the Heaven's Trail Club.

Name of child

I will attend Club meetings, activities, field trips and other Club events. I will proudly wear the Club uniforms, and be obedient, pure, true, kind, respectful, attentive, helpful, cheerful, thoughtful and reverent.

X \_\_\_\_\_

Signed by child joining

PARENT/GUARDIAN APPROVAL/CONSENT

As parent(s) / guardian(s), I /We understand that the Club is a family program that includes many opportunities for service, adventure, fun and learning. I will support the program by:

1. Encouraging my child to take an active part in all club meetings and functions and will do my best to arrive on time at all times.
2. Attending events in support of my child.
3. Assisting club instructors by serving as a helper when needed.
4. Not holding any individual Club staff member liable in the event of an accidental injury.
5. Giving permission for the above named child to attend Club activities.
6. Giving permission for the above named child to be photographed/videotaped during club activities and consent to the release of his/her image and name appearing for Club activities and advertisement purposes in print and online.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yr

AUTHORIZATION TO TREAT A MINOR:

In case of an emergency, as parent(s) / legal guardian(s) of \_\_\_\_\_  
Child's name

I/We give permission to the physician selected by the Club directors to hospitalize or secure proper treatment for my child.

Child's allergies, other medical conditions, medication currently taking:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yr