

PERMISSION AND MEDICAL RELEASE FORM

Wesleyan Church of Orchard Park Pioneer Club

2023-2024

Girl's Name _____ Birth Date _____

Street Address _____

Town, Zip _____

Phone Number _____

Parents'/Guardians' Names _____

Girl's e-mail _____ Parent's e-mail _____

***Parent's e-mail will be used to notify you about closings and important deadlines.**

Allergies or special conditions _____

If there is additional information or there are additional circumstances that may be of benefit for us to know about your child, please attach that to this sheet. All information is kept confidential.

I, _____ (parent or legal guardian), give my permission to _____
_____ (name of minor) to participate with other youth, leaders, helpers, and chaperones from the **Wesleyan Church of Orchard Park Pioneer Clubs** both on and off the premises at **7295 Ellicott Road, Orchard Park, New York** to be held during the period of **September 13, 2023 until September 12, 2024**. In the unlikely event of an emergency, I give my permission for the above-named child to be treated by an accredited physician in an approved emergency clinic or hospital. I therefore designate officers, leadership, and any adult chaperones for the group with authority to act on my behalf and order appropriate treatment. I further release from liability the Wesleyan Church of Orchard Park, Pioneer Clubs, and its officers, leadership, chaperones, and participants in the event of certain accident or mishap enroute, during, after, and/or returning from activities of the Wesleyan Church of Orchard Park.

Parent or legal guardian/Date signed/Phone number where you can be reached

Family medical insurance company and policy number for above-named minor

Family physician's name and number

Telephone numbers and contact for emergency purposes

We often take photographs at our group events and occasionally like to share these photographs in church publications, such as the weekly e-newsletter. In addition, we get requests from Pioneer Clubs headquarters for photographs of our group for their newsletters. Please sign below to indicate permission to use your child's photograph in these ways.

Parent Signature

The Wesleyan Church of Orchard Park
Pioneer Girls Registration Form
2023-2024

Name _____

Age _____ Birthdate _____ Grade _____

Church You Attend _____

Hobbies _____

What would you like to learn/do in Club this year? _____

Do you have any existing physical restrictions? _____

If yes, please explain _____

In case of emergency, please contact:

Parents/Guardian _____

Telephone _____

Friend or relative _____

Telephone _____

Registration fee is \$25 per girl, \$40 per family (if more than one girl is registered). Checks may be made payable to the Wesleyan Church of Orchard Park.

Please mark desired t-shirt size:

Child size: 6-8 _____ 10-12 _____ 14-16 _____ Adult size: S _____ M _____ L _____ XL _____

--Please complete both sides--