



Master Registration Form

Participant Name: _____ Family Name: _____
Birthdate: (yy/mm/dd) _____
Address: _____
City: _____ Postal Code: _____
Active Email Address: _____
Parent/Guardian Name1: _____ Tel: _____ Work: _____
Parent/Guardian Name2: _____ Tel: _____ Work: _____
Cell number for emergency: _____
Alternative Emergency Contact: _____ Tel: _____
Who is authorized to pickup child?: _____
Health Card #: _____
Special Health Concerns (allergies/medications/conditions): _____

Any special needs? _____

Authorizations: Can we use photos of your child in church/Rock Ranger related print/presentations? Uploads to the church website? Y N or other: _____

Basic Permissions: As parent or guardian I hereby grant the right for the Rock Rangers club to take my child on local outings (pre-set, pre-advertised, and church office notified in advance) with proper leader/adult care. This would consist of basic hikes or participation in a local program on a group basis. Y N or other: _____

Weekly Dues are \$1.00, to help cover costs for snacks, crafts, awards, shirts etc \$25 fee is also towards this, and basic program setup.

Signature Date

OFFICE USE ONLY -----

Registration Fee: \$ 25.00 Paid _____ (Commander's)

Pledge/Code etc _____
