



Immanuel's Church Children's Ministry
 16819 New Hampshire Ave
 Silver Spring, MD 20905
 301-989-HOPE, ext 1222
 www.immanuels.org

Club Year Sept. 2009 - May 2010

Today's date: _____

Club member name: _____ F _____ M _____

Age: _____ Birth date: _____ Grade: _____ School: _____

Parent or guardian name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone: _____

Home phone: _____ Work phone: _____

My child has the following allergies, medical concerns, or special learning needs: _____

Emergency contact if parent cannot be reached:

Name: _____ Phone # _____

Brothers and sisters also in Pioneer Clubs (list name and club group or age): _____

Club Fees:	Skippers Pre-K	Scouters K	Voyager 1 st /2 nd gr.	Pathfinders 3 rd /4 th gr.	Trailblazers 5 th gr.
Registration	\$11.50 _____	\$11.50 _____	\$22.50 _____	\$22.50 _____	\$22.50 _____
Handbook	7.75 _____	7.50 _____	9.95 _____	9.95 _____	9.95 _____
Sash, Vest, or Shirt	8.95 _____ (shirt)	8.95 _____ (shirt)	9.25 _____ (vest)	9.25 _____ (vest if not owned yet)	10.25 _____ (shirt-optional)
	Total = _____	Total = _____	Total = _____	Total = _____	Total = _____
Total paid = _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____					

Will you be attending second hour class: Yes _____ No _____ Room # _____

Over please →

Immanuel's Church Pioneer Clubs Parental Consent Form

I understand that this Parental Consent is effective for the entire 2009 – 2010 Pioneer Clubs season, including all camping trips, and club time activities.

Since local health regulations prohibit the Immanuel's Church from administering non-prescription drugs without written parent approval, I authorize Immanuel's Church (Pioneer Clubs) to administer Benadryl in case of an emergency allergic reaction, or acetaminophen for pain or fever if I cannot be reached. I understand that certain topical over-the-counter medicines such as bactine, calderyl, and benzocaine are used for bee stings, poison ivy, bug bites, abrasions, and other minor skin irritations. I give permission to use these as necessary, as well as sunscreen. If any topical medicine or sunscreen is unacceptable I will notify Immanuel's Church in writing.

I further understand that Immanuel's Church cannot administer prescription drugs to my child, even with written parental consent, unless the medication is sent in a properly labeled container provided by a pharmacy and accompanied by a specific written authorization from the prescribing physician.

I also understand that Immanuel's Church reserves the right to terminate the registration of any club member when it is deemed necessary by the leaders to be in the best interest of the child or camp. If at any time my child's behavior is out of control at an event, field trip or camping trip I understand that I will be called and I will immediately need to come to the group location and remove my child.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by Immanuel's Church to hospitalize or secure proper treatment for and to order injections, anesthesia or surgery for my child. My child's physician or his/her office should be contacted, if possible.

My child has permission, without restriction, to participate in all regular and special programming, including out of church trips, transportation, and late stays, overnights, or camping trips (where applicable), unless I notify the church otherwise in writing. I understand and realize Immanuel's Church will follow safety procedures and safety precautions but that all physical activities including a certain risk and that Immanuel's Church assumes no liability for injury or damages arising from the results of participation. I recognize that I have been advised that field sports, ropes courses, camp craft, paddleboats, indoor and outdoor games, hiking, whitewater rafting, amusement parks, swimming, and other club activities include certain risks and dangers. These risks include, but are not limited to loss of or damage of personal property, injury or fatality. In consideration of the right to participate in all Immanuel's Church activities and the services and food arranged for (when applicable) for my child, and its agents, servants, and employees, I have assumed and do hereby assume all of the above risks and intending to be legally bound hereby, will hold Immanuel's Church and its agents, servants and employees harmless from any liability which may arise out of or in connection with any trips and related participation in any other activities arranged for by Immanuel's Church, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.

Parent or Guardian Signature _____ Date _____

Club member Physician _____ Phone # _____

Insurance Co. _____ Insurance # _____

The above signature also grants permission for Immanuel's Church Children's Ministry to use my child's name, voice, testimonial, video and/or picture in any promotional material about the Children's Ministry.