



First Presbyterian Church of Strasburg

Knowing Christ...  
Growing in Christ...  
Going with Christ...

## CLUBHOUSE REGISTRATION FORM

SEPTEMBER 2017 TO MAY 2018

	CHILD #1	CHILD #2	CHILD #3
NAME			
BIRTH DATE			
AGE			
CURRENT GRADE			
ALLERGIES			
MEDICAL CONCERNS			

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize Clubhouse leaders to photograph / film the minor(s) designated above in any manner or form for any lawful purpose associated with the Clubhouse Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for my child(ren) to participate in the Clubhouse activities. I release the Clubhouse and individuals from liability in case of accident during activities related to the Clubhouse as long as normal safety procedures have been taken.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

