



First Presbyterian Church of Strasburg

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

CLUBHOUSE REGISTRATION FORM

	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: _____

