



Pine Valley Community Church Contact Information and Permission Authorization

Clubber Name: _____ Parent/Guardian Name: _____

E-Mail: _____

Phone #(s): _____

I prefer to be contacted with updates and reminders via (*check one or both*): ☐ Text ☐ Email

Address: _____ City: _____ State: _____ Zip: _____

Clubber age/grade: _____ / _____ Clubber Birthday: _____

Siblings: (Name/Ages) _____

Church: _____

Medical Conditions/Allergies: _____

Individuals authorized to pick up child from club: _____

Emergency contact name (other than parent/guardian): _____

Emergency contact phone #: _____

Insurance Co./Policy #: _____

Parent/Guardian Signature: _____

Date: _____