

# Club 1515

## Wednesday Youth Fellowship

Please complete and return to the church office by September 9<sup>th</sup>

**Name of Club Member:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender:      M or F      Age \_\_\_\_      Grade \_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**PARENT OR GUARDIAN MUST AGREE AND SIGN:**

“I give permission for my child to attend the Club 1515 program and take part in the normal program activities. I also authorize the church to secure a doctor to provide any necessary emergency medical care.”

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian's

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

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❖ Parents: Please pick at least one date to assist @Club 1515. This is a cooperative program and your help is important to its success. Please arrive by 3:00 PM.

Dates I can help pass out snacks/clean up:

9/23     10/14     10/28     11/11     12/9

Dates I can help with initiating and helping with activities:

9/23     10/14     10/28     11/11     12/9

We are planning to do an offsite event (dates pending). If you would be willing to drive to such events, please let us know.