

Adventurer Club Registration Form



Child's Name _____ Birth date _____ Age ____ Grade ____
 Parent(s) Name(s) _____
 Address _____
Street City State Zip
 Home Phone _____ Emergency Phone _____
 Church _____ School _____

Pledge

Because Jesus loves me, I will always do my best.

Law

Jesus can help me to: Be obedient, Be pure, Be true, Be kind, Be respectful, Be attentive, Be helpful, Be cheerful, Be thoughtful, Be reverent.

Applicant Information

Check class(es) you have been invested in: Busy Bee Sunbeam Builder Helping Hand

I, _____ want to join the _____
name of applicant club name

I will attend meetings, activities, field trips, and other club activities. I will proudly wear my Adventurer uniform and obey club guidelines. I will be cheerful, helpful, honest, kind and courteous.

signature of Adventurer

Approval/Consent of Parent/Guardian

As parent/guardian, we understand that the Adventurer program is an active one which includes many opportunities for service, adventure, fun, and learning. I will support the program by:

1. Encouraging my Adventurer to take an active part in all club meetings and functions.
2. Attending events to which parents are invited in support of my Adventurer.
3. Assisting club leaders by serving as a helper when needed.
4. Not holding any individual club staff member liable in the event of an accidental injury.
5. Giving my permission for the above-named Adventurer to attend Adventurer activities.

signature of parent/guardian

Name _____ Work Phone _____
 Address _____
Street City State Zip

Adventurer Club Health Record



Name _____ Birth date _____
Address _____
Street City State Zip
Home Phone _____ Social Security Number _____
Date of Last Tetanus Booster _____

Allergies to drugs or foods

Any special medications or pertinent information

List any restrictions

Telephone numbers where parents may be reached:

Father _____
Name Home Phone Business Phone

Mother _____
Name Home Phone Business Phone

Emergency phone (friend or relative) _____

Family Physician _____
Name Business Phone

Physician's Address _____
Street City State Zip

Insurance Company _____ Policy _____

Authorization to Treat a Minor

I (we) the undersigned parent, parents or legal guardian of: _____
Name of Adventurer

In case of emergency, I hereby give permission to the physician selected by the club directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

As parent or legal guardian of the applicant, I am in favor of him/her attending club functions and accept the conditions named. The health history stated is correct so far as I know, and the person herein described has permission to engage in all prescribed club activities except as noted. In addition I have read and understand the Emergency Authorization statement and give my full consent to the terms found therein. Permission for photocopying of this health record is granted.

signature of parent/guardian

date

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This section is for the notary to sign if your state requires it.