

# Adventurer Club Registration Form



Child's Name \_\_\_\_\_ Birthday date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Street City Code

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 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-name Adventurer to attend Adventurer activities.

\_\_\_\_\_  
*Signature of Parent/Guardian*

Name \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code

# Adventurer Club Health Record



Name: \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

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 Code*

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 this Emergency Authorization statement and give my full consent to the terms found terms. Permission photocopying of this health record is granted

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

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