

# Adventurer Club Registration Form



Child's Name: \_\_\_\_\_

Birthday : \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Cell phone number: \_\_\_\_\_ Emergency Phone number: \_\_\_\_\_

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:

☐ Little Lamb ☐ Eager Beaver ☐ Busy Bee ☐ Sunbeam ☐ Builder ☐ Helping Hand

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

\_\_\_\_\_  
*Adventurer Signature*

## Approval/Consent of Parent/Guardian

As parent/ guardian, we understand that the adventurer program is an active one which includes many opportunities for service, adventurer, 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.

\_\_\_\_\_  
*Parent/ guardian Signature*

Name: \_\_\_\_\_ Work phone number: \_\_\_\_\_

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

# Adventurer Club Health Record

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

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

Home Phone number: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Allergies to drugs or foods: \_\_\_\_\_

Any Special Medication of pertinent information: \_\_\_\_\_

List any restrictions: \_\_\_\_\_

Telephone numbers where parents may be reached:

Father: \_\_\_\_\_  
*Street City State Zip Code*

Mother: \_\_\_\_\_  
*Street City State Zip Code*

Name and emergency phone (friend of relative): \_\_\_\_\_

Family Physician: \_\_\_\_\_  
*Name Business phone number*

Physician's Address: \_\_\_\_\_  
*Street City State Zip Code*

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

## Authorization to Treat a Minor

I (we) the undersigned parent, or legal guardian of: \_\_\_\_\_  
*Adventurer Name*

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 condition name.

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.

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

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

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