

ADVENTURER CLUB REGISTRATION FORM



Child's Name _____ *DOB _____ *Age _____ *Grade _____
(mm/dd/yy) (As of 9/30/12)

Parent(s)/Guardian(s) Name(s) _____

Address _____ City _____ State _____ Zip _____

*Cell Phone (_____) _____ Home Phone (_____) _____

*Email Address _____

*Emergency phone (friend or relative) _____

Name Cell Phone Relationship to Child

Church _____ School _____

PLEDGES

- LITTLE LAMB Jesus loves me, and I want to do my best for Him.
- EAGER BEAVER Jesus loves me, and I want to do my best for Him.
- ADVENTURERS 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

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

I, _____ want to join the *PARADISE SEVENTH DAY ADVENTIST ADVENTURER CLUB*
Name of Applicant

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

Signature of Little Lamb, Eager Beaver or 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 Little Lamb, Eager Beaver or Adventurer to take an active part in all club meetings/functions.
2. Attending events to which parents are invited in support of my Little Lamb, Eager Beaver or 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 member to attend Little Lamb, Eager Beaver or Adventurer activities.

Signature of Parent/Guardian

Date

ADVENTURER CLUB HEALTH RECORD



Child's Name _____ DOB (mm/dd/yy) _____

Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____

Date of Last Tetanus Booster _____

• ALLERGIES TO DRUGS OR FOODS (If none please write "none")

• ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION (If none please write "none")

• LIST ANY RESTRICTIONS (If none please write "none")

TELEPHONE NUMBERS WHERE PARENTS MAY BE REACHED: (If same as above, just write "same as above")

Father _____
Name Cell Phone Home Phone

Mother _____
Name Cell Phone Home Phone

Emergency phone (friend or relative) _____
Name Cell Phone Relationship to Child

Family Physician Name _____ Phone (_____) _____

Physician's Address _____ City _____ State _____ Zip _____

Insurance Company _____ Policy #/Group # _____

AUTHORIZATION TO TREAT A MINOR

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

Name of Little Lamb, Eager Beaver or 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