

Adventurer Club Registration Form

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Child's Name _____ DOB _____ Age _____ Grade _____

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

Address _____

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

Email Address _____

Emergency phone (friend or relative) _____

	Name	Cell Phone Relationship to Child
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

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 Date

Adventurer Club Health Record

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

Address _____ City _____ State _____ Zip _____

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

***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 _____

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