

# Adventurer Club Registration Form

Registration fee  
\$35.00



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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

Address \_\_\_\_\_

Home \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Church \_\_\_\_\_ School \_\_\_\_\_

Email address \_\_\_\_\_

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  Advanced Helping Hand  Little Lamb/Sparks

I, \_\_\_\_\_ want to join the Metropolitan Sparklers Adventurer Club

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



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

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

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

## Telephone numbers where parents may be reached:

Father

Name Home Phone Work Phone

Mother

Name Home Phone Work Phone

Emergency phone (friend or relative)  
\_\_\_\_\_

Family Physician

Name Business Phone

Physician's Address

Street City State Zip

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

## 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.

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

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_