

# ADVENTURER REGISTRATION FORM

I would like to join the \_\_\_\_\_ Adventurer Club. I will attend club meetings, hikes, field trips, missionary adventures, and other club activities. I agree to be guided by the rules of the club and the Adventurer Pledge and Law.

**Pledge**  
Because Jesus loves me, I will always do my best.

**Law**

Be obedient	Be attentive
Be pure	Be helpful
Be true	Be cheerful
Be kind	Be thoughtful
Be respectful	Be reverent

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Church \_\_\_\_\_

I have been an Adventurer: Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_

My parents are Master Guides: Father: Yes \_\_\_\_\_ No \_\_\_\_\_ Mother: Yes \_\_\_\_\_ No \_\_\_\_\_

Check level(s) you have been invested in:

\_\_\_\_ Little Lamb \_\_\_\_ Eagar Beaver \_\_\_\_ Busy Bee \_\_\_\_ Sun beam \_\_\_\_ Builder \_\_\_\_ Helping Hand

## APPROVAL OF PARENTS OR GUARDIANS

The applicant is in Pre-K through grade 4 at the time of registration. We have read the Pledge and Law and are willing and desirous that the applicant become an Adventurer. We will assist the applicant in observing the rules of the Adventurer organization. As parents, we understand that the Adventurer Club program is an active one for the applicant. It includes many opportunities for service, adventure, and fun. We will cooperate:

1. By learning how we can assist the applicant and his/her leaders.
2. By encouraging the applicant to take an active part in all club activities.
3. By attending events to which parents are invited.
4. By assisting club leaders and by serving as leaders if called upon.

We hereby certify that \_\_\_\_\_ was born on \_\_\_\_\_

\_\_\_\_\_  
Father's Signature

e-mail address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

\_\_\_\_\_  
Mother's Signature

e-mail address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature (If applicable)

e-mail address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**\*This form stays in the Local Church; please do not send/submit to the Youth Ministries Department.**

# MEDICAL CONSENT FORM

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Medical Insurance \_\_\_\_\_ # \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **MEDICAL HISTORY**

Weight \_\_\_\_\_ Height \_\_\_\_\_ Last Tetanus shot \_\_\_\_\_  
Food allergies \_\_\_\_\_  
Medication allergies \_\_\_\_\_  
Medications receiving now \_\_\_\_\_  
Medical history (i.e., recent surgery, diabetic, chronic illness)  
\_\_\_\_\_  
\_\_\_\_\_

Person to notify in case of accident or illness if parents are not available  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) give the following emergency medical treatment consent for the above named child. Effective from date of \_\_\_\_\_ to \_\_\_\_\_.

Emergency Surgery  
 First Aid  
 Both of the above  
 None of the above

(One of the types of treatment must be marked)

## **ALL MEDICAL CONSENTS MUST BE NOTARIZED**

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

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has  
produced \_\_\_\_\_ as identification.

(Notarial Seal)

\_\_\_\_\_  
Notary Public, State of Florida

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