

Adventurer Membership Application



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

Applicant's Commitment:

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.

Personal Information:

Name _____ Age _____ Birthdate _____

Address _____ Male _____ Female _____

City _____ State _____ Zip Code _____

Email address _____ preferred contact? Email _____ Phone _____ Text _____

Grade in School _____ School _____ Baptized? Yes _____ No _____

Home Church _____ I have been and Adventurer Yes _____ No _____

Check all level(s) you have completed:

Little Lamb _____ Eager Beaver _____ Busy Bee _____ Sunbeam _____ 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 _____

_____ cell phone _____

Father's signature

_____ cell phone _____

Mother's signature

Adventurer Health Record



Name _____

Birthdate _____

Date of last Tetanus Booster _____

Allergies to drugs or food:

Special medications or pertinent information:

List of restrictions:

Father's phone _____ Mother's phone _____

Emergency Contact (friend or relative) _____

Family Physician _____ phone _____

Physician address _____

Insurance Company _____ Policy Number _____

Authorization to treat a minor:

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

In case of an emergency, I hereby give permission to the physician selected by the club director 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.

Parent/Guardian signature

date _____