

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.

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

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 |

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

In these days of lawsuits, medical consent forms are a necessity on every outing. The basic idea of the form is that it gives parental authorization for a doctor to treat a minor. It, also, provides information on where the parents and family doctor can be located.

The consent form provides protection for the doctor, the child, and the club director.

1. The doctor - a doctor who would give medical assistance to a child without the knowledge of the parents would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent form may be enough to persuade a doctor that the parents are unlikely to sue. (Many young people have been given medical aid at a remote hospital or office after the leader produced a consent form. Other times the form has not helped at all).
2. The child - leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form would severely reduce that chance.
3. The director - if a child is injured and is not able to get proper medical care because the director did not bother to require medical consent forms, that director could certainly be a target for a liability suit.

Note:

Medical consent forms may be dated in such a way that they are good for the whole year. This has the obvious advantage of saving a lot of work in collecting new forms for each outing. There are two disadvantages to year-long consent forms. First, a form signed several months ago will not be as impressive to a doctor as one signed yesterday. Secondly, the form won't have current information on the location of the parents. They may be out of town the weekend of the particular outing on which their child is injured. Use your judgment.

MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name _____ Birthdate _____ Sex _____
Social Security # _____ Phone _____
Address _____ City _____ State _____ Zip _____
Medical insurance _____ # _____

Father's Name _____ Social Security # _____
Home Phone _____ Office Phone _____ Mobile Phone _____
Address _____ City _____ State _____ Zip _____
Medical insurance _____ # _____

Mother's Name _____ Social Security # _____
Home Phone _____ Office Phone _____ Mobile Phone _____
Address _____ City _____ State _____ Zip _____
Medical insurance _____ # _____

Physician's Name _____ Phone _____

MEDICAL HISTORY

Weight _____ Height _____ Last Tetanus shot (Date) _____

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 _____ Phone _____

Relationship to child: _____

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.)

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