

Adventurer Club Registration Form



Child's Name _____ Birth date _____ Age _____ Grade _____

Parent(s) Name(s) _____

Address _____
Street City State Zip

Home Phone _____ Emergency Phone _____

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.

Applicant Information

Check class(es) you have been invested in: Busy Bee Sunbeam Builder Helping Hand

I, _____ want to join the _____
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



Name _____ Birth date _____

Address _____
Street City State Zip

Home Phone _____ Social Security Number _____

Date of Last Tetanus Booster _____

Allergies to drugs or foods

Any special medications or pertinent information

List any restrictions

Telephone numbers where parents may be reached:

Father _____
Name Home Phone Business Phone

Mother _____
Name Home Phone Business Phone

Emergency phone (friend or relative) _____

Family Physician _____
Name Business Phone

Physician's Address _____
Street City State Zip

Insurance Company _____ Policy _____

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

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

Pathfinder/Adventurer Photo Release
Kentucky-Tennessee Conference of Seventh-day Adventists

I, _____, the parent or guardian

(Print)

do hereby voluntarily waive, grant, and release the right to photograph and publish pictures, audio and video of me and/or my child or children (listed below) to the Kentucky-Tennessee Conference of Seventh-day Adventists. I understand that photographs may be printed, placed on the organization's various websites, or incorporated into promotional material such as brochures or videos.

I hereby waive any claim against the Kentucky-Tennessee Conference of Seventh-day Adventists for any personal or emotional damage which may arise in connection with the use of the photographs.

I understand that illegal or explicit photographs are NOT authorized under this agreement. Should such a situation arise, it is understood that it is not the result of negligence on the part of the Kentucky-Tennessee Conference of Seventh-day Adventists. In such a case the violating individual or parties are solely liable and are subject to all local, state, and federal laws.

I understand that by signing this form, I am releasing all recorded images and audio's for the express use of the Kentucky-Tennessee Conference of Seventh-day Adventists. Neither my child nor I will receive any compensation for this now or at any time in the future. I further certify that I am the parent or guardian of the child and am over 18 years of age. And I understand that the Kentucky-Tennessee Conference of Seventh-day Adventists and the photographer(s) will hold the copyright to all photographs.

Should I desire a copy of one or more photographs, videos or audio's, I will make a request to the appropriate person verbally or in writing. I am aware that there may or will be a cost involved.

MINOR CHILDREN'S NAMES: *(please print)*

PRINT NAME: _____

SIGNED: _____

Signature & Date