

Adventurer Club Membership Application

Child's name _____ Birth date _____ Pre-k K 1 2 3 4
Circle one

Parent/guardian name(s) _____

Address _____
Street City State/Prov. Zip/PC

Home phone _____ Cell phone _____

Parent/guardian email _____

Church _____ School _____

Check level(s) the child has completed: ☐ Little Lamb ☐ Eager Beaver ☐ Busy Bee
☐ Sunbeam ☐ Builder ☐ Helping Hand

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 Commitment

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

Parent/Guardian Commitment

As parent/guardian, I understand that the Adventurer Club is active and 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 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

Adventurer Club Medical Consent

Adventurer name _____ Birth date _____

Address _____
Street City State/Prov. Zip/PC

Phone _____

Date of last tetanus booster _____

Allergies to drugs or foods _____

Medications _____

List any restrictions _____

Contact Information for Parents/Guardians:

Parent/guardian _____
Name Phone Email

Parent/guardian _____
Name Phone Email

Emergency contact (friend or relative) _____
Name Phone

Family physician _____
Name Phone

Physician's address _____
Street City State/Prov. Zip/PC

Authorization to Treat a Minor

I (we), the undersigned parent or legal guardian of: _____
The above named Adventurer

In case of emergency, I hereby give permission to the physician selected by the club staff 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 form is granted.

Signature of parent/guardian

Date

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

Adventurer Club Staff and Parent Volunteer Information

Personal and Family Information

Name _____ Birth date _____

Address _____
Street City State/Prov. Zip/PC

Home phone _____ Cell phone _____

Email _____

Church _____ Adventurer Club _____

Name of spouse (if applicable) _____

Children: Name Birth date: Month Day Year

1. _____

2. _____

3. _____

Health History

Do you have any injury/sickness that might limit your involvement in Adventurer Club activities?

☐ Yes ☐ No If yes, how would it hinder? _____

Education Record

Highest degree/diploma held _____ Year degree/diploma received _____

School granting degree/diploma _____

College major/minor _____

Experience

List all experience working with children (Pathfinders, Scouts, Sabbath School, etc.)

Position/type of work Church/organization Date of service

1. _____

2. _____

3. _____

Instruction Ability

List the level, patch or craft you are interested in teaching.

Circle: T—capable of teaching. A—able to assist. I—interested in teaming to teach.

Level/patch/craft

Level/patch/craft

T A I

T A I

T A I

T A I

T A I

T A I

T A I

T A I

Unlawful Conduct

Have you been accused, charged, or disciplined for any unlawful sexual conduct, child abuse, and/or child sexual abuse? ☐ Yes ☐ No If yes, please complete the information below.

Date/place _____

Type of conduct _____

Reference name, address, and phone _____

☐ I will complete the background screening and training required by our conference.

References (for staff only)

List three individuals who know you well enough to recommend you as an Adventurer staff member.

	Name	Address	Phone
1. Pastor	_____	_____	_____
2. Local teacher	_____	_____	_____
3. Other	_____	_____	_____

Statement of Accuracy

The above information is accurate to the best of my recollection. I understand this is strictly a volunteer position, and I will receive no remuneration for services and time volunteered.

Signature _____ Date _____

Conference Use Only Date Received _____

☐ Recommended ☐ Not recommended ☐ Recommended with conditions noted

* Conf. Adventurer Director Signature _____

Adventurer Club Accident/Incident Form

Child's name _____ Age _____

Parent/guardian name(s) _____

Date of accident/incident _____ Time of accident/incident _____

Describe what happened _____

Describe the injury (if any) _____

What first aid was given? _____

Additional comments _____

Person taken to hospital? ☐ Yes ☐ No If yes, name of hospital _____

Parent notified? ☐ Yes ☐ No If yes, by whom _____

Witness name(s) _____

Staff member completing this report _____

Signature of staff member _____ Date report completed _____

Signature of parent/guardian _____ Date _____