

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 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 awards you are interested in teaching.

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

Level/award/craft		Level/award/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

Health and Medical Record/Release

IDENTIFICATION

Name _____ Age _____ Birth Date _____
Address _____ Phone _____
City _____ State _____ Zip _____ ☐ Male ☐ Female
Religion _____

HEALTH HISTORY

Have you had any of the following conditions? Mark "past" or "now" or leave blank if never had.

_____ Asthma	_____ Fainting Spells	_____ Frequent Diarrhea	_____ Rheumatic Fever
_____ Hay Fever	_____ Tuberculosis	_____ Severe Stomach Ache	_____ Heart Trouble
_____ Sinus Trouble	_____ Bedwetting	_____ Diabetes	_____ Glasses
_____ Ear Ache/Infection	_____ Kidney Disease	_____ Sleeping Walking	_____ Contact Lenses
_____ Ear Tubes	_____ Constipation	_____ Epilepsy	_____ Menstrual Cramps

ALLERGIES OR ALLERGIC REACTIONS (Check if yes and tell what the symptoms are)

☐ Penicillin _____
☐ Other Medications (List): _____
☐ Bee Sting _____
☐ Food _____
☐ Poison Oak, Poison Ivy _____
☐ Other: List _____

PLEASE LIST ALL SERIOUS ILLNESSES OR OPERATIONS IN THE PAST FIVE YEARS

Operation or Illness	Date	Hospitalized? (yes/no)
_____	_____	_____
_____	_____	_____

PLEASE LIST ALL MEDICATIONS CURRENTLY BEING TAKEN

Medication	Number of Times a Day	Reason for Taking
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of dates of being immunized and most recent booster doses.

DTP Series	_____ Booster	Tetanus Booster	_____
Polio OPV (Sabin)	_____ Booster	Tuberculin Test	_____
Measles Vaccine (live)	_____	Mumps Vaccine (live)	_____
German Measles (Rubella)	_____	Chicken Pox	_____

DIET

☐ Regular ☐ Diabetic ☐ Low Salt ☐ Low Fat/Cholesterol
☐ Other - Special Instructions _____

PHYSICAL ACTIVITY

Name: _____

Any restriction of activity for medical reasons? Explain: _____

Any other type of health concerns which might be pertinent? _____

INFORM IN CASE OF ACCIDENT OR ILLNESS

Father/Guardian _____ Phone (H) _____

Home Address _____ Cell _____

Work Address _____ Phone (W) _____

Mother/Guardian _____ Phone (H) _____

Home Address _____ Cell _____

Work Address _____ Phone (W) _____

If not available, in emergency notify:

Name _____

OR

Name _____

Address _____

Address _____

Phone (H) _____ (W) _____

Phone (H) _____ (W) _____

DOCTOR TO CONSULT IN CASE OF EMERGENCY

Name _____

Phone (_____) _____

Address _____

City _____

State _____ Zip _____

DO YOU HAVE Medical Insurance ☐ Yes ☐ No Number _____ Type Coverage _____

Company Name _____

Information above is correct to the best of my knowledge.

Date _____ Signed _____

Parent or Guardian

Parent's Authorization—required for those under 18 years of age.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

Parent/Guardian's Signature _____

Date _____

Subscribed and sworn to before me this
_____ day of __________
Notary Public

My commission expires _____



MEDIA RELEASE FORM

For value received, I, _____ (participant/parent of participant), hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists (Georgia-Cumberland Conference) or its assigns, to use my name or the name of my family member who is a minor, as listed below, as well as my likeness/image (photographs and/or videos), and other information (or that of family member who is a minor) for the purpose of media publications including, but not limited to: videos, email blasts, social media, brochures, newsletters, magazines, general publications, website, news releases, advertising, publicity, or distribution in all forms and media. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses. The images will not be used commercially.

Please initial the paragraph below and fill out the following information for whichever is applicable to your present situation:

Participant over 18 years of age	_____ - I am 18 years of age or older, and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.	
	Name (please print) _____	Birthdate _____ / _____ / _____
	Address _____	
	Signature _____	Date _____

— OR —

Parent or legal guardian for minor participant	_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.	
	Minor's Name (please print) _____	Minor's Birthdate _____ / _____ / _____
	Address _____	
	Parent or Legal Guardian's Name (please print) _____	
	Parent or Legal Guardian's Signature _____	Date _____