

# 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 \_\_\_\_\_ Cellphone \_\_\_\_\_

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

# Adventurer Club Staff and Parent Volunteer Information (p. 2)

## 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 \_\_\_\_\_

# 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.	
	_____ <i>Name (please print)</i>	_____/_____/_____ <i>Birthdate</i>
	_____ <i>Address</i>	
	_____ <i>Signature</i>	_____ <i>Date</i>

— 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.	
	_____ <i>Minor's Name (please print)</i>	_____/_____/_____ <i>Minor's Birthdate</i>
	_____ <i>Address</i>	
	_____ <i>Parent or Legal Guardian's Name (please print)</i>	
	_____ <i>Parent or Legal Guardian's Signature</i>	_____ <i>Date</i>