

# Adventurer Club *2021-2022*

## REGISTRATION FORM



Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
First Last Month / Day / Year

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
No. Street Apt/Suite City Province Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Alt Email Address \_\_\_\_\_

Church \_\_\_\_\_ School \_\_\_\_\_

**PLEDGE** Because Jesus loves me, I will always do my best.

**LAW** Jesus can help me to be: Obedient, Pure, True, Kind, Respectful, Attentive, Helpful, Cheerful, Thoughtful and Reverent.

### APPLICANT INFORMATION

Circle class (es) you have been invested in: Little Lamb Eager Beaver Busy Bee Sunbeam Builder Helping Hand

I, \_\_\_\_\_ want to join the \_\_\_\_\_  
Name of Applicant

**Willowdale Little Warriors Adventurer Club.**  
Club Name

**I will attend meetings, activities, field trips and other club activities. I will proudly wear my Adventurer uniform (Type A or B) and obey club guidelines. I will be cheerful, helpful, honest, kind and courteous.**

**X** \_\_\_\_\_  
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.

We request permission for your child's/children's photo/image on the Willowdale SDA Church website and/or public internet site.

Please check one (1) of the following choices:

- I/We GRANT permission for a photo image that includes my child/children without any other personal identifiers to be published on the Willowdale SDA Church and/or public internet site.
- I/We GRANT permission for a photo image that includes my child/children and name to be published on the Willowdale SDA Church and/or public internet site.
- I/We GRANT permission for a photo image that includes my child/children and all personal identifiers listed above to be published on the Willowdale SDA Church and/or public internet site.
- I/We DO NOT GRANT permission for photo/image that includes my child/children to be published on the Willowdale SDA Church and/or public internet site.

**X** \_\_\_\_\_  
Signature of Parent/Guardian

# HEALTHRECORD

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*First Middle Last Month / Day / Year*  
Address \_\_\_\_\_  
*No. Street Apt/Suite City Province Postal Code*  
Home Phone \_\_\_\_\_ Health Card 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*

Guardian \_\_\_\_\_  
*Name Home Phone Business Phone*

Emergency Phone (friend or relative) \_\_\_\_\_

Family Physician \_\_\_\_\_  
*Name Business Phone*

Physician's Address \_\_\_\_\_  
*No. Street City Province Postal Code*

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.

X \_\_\_\_\_  
*Signature of Parent/Guardian*

### REGISTRATION FEE \$45 TYPE

### B UNIFORM T-SHIRT \$10

Please make cheques payable to "Willowdale SDA Church" Memo "Registration Fee"

### OFFICE USE ONLY

Date Received \_\_\_\_\_

Paid By: Cash \_\_\_\_\_

Payment \$ \_\_\_\_\_

Cheque # \_\_\_\_\_

WLW Adventurer Class: LL EB BB S B HH

WLW Adventurer Director Signature \_\_\_\_\_