

Adventurer Club 2024-2025 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 (shirt) \$15 (hoodie) \$30

Payment methods: cash, cheque, and e-transfer
Please make cheques payable to "Willowdale SDA Church" Memo "Adventurer Registration Fee"
E-transfer:
Willowdaletreasurer@adventistontario.org (Please indicate in the message section what the funds are for).

OFFICE USE ONLY

Date Received _____

Paid By: Cash _____

Payment \$ _____

Cheque # _____

WLW Adventurer Class: LL EB BB S B HH

WLW Adventurer Director Signature _____