

Form stays in local Church

ADVENTURER REGISTRATION FORM

I would like to join the _____ Adventurer Club. I will attend club meetings, hikes, field trips, missionary adventures, and other club activities. I agree to be guided by the rules of the club and the Adventurer Pledge and Law.

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Grade _____ School _____

Church _____

I have been an Adventurer ____ Yes ____ No Where _____

My parents are Master Guides Father Yes ____ No ____ Mother Yes ____ No ____

Check level(s) you have been invested in

____ Little Lamb ____ Eagar Beaver ____ Busy Bee ____ Sunbeam ____ Builder ____ Helping Hand

APPROVAL OF PARENTS OR GUARDIANS

The applicant is in Pre-K through grade 4 at the time of registration. We have read the Pledge and Law and are willing and desirous that the applicant become an Adventurer. We will assist the applicant in observing the rules of the Adventurer organization. As parents, we understand that the Adventurer Club program is an active one for the applicant. It includes many opportunities for service, adventure, and fun. We will cooperate:

1. By learning how we can assist the applicant and his/her leaders.
2. By encouraging the applicant to take an active part in all club activities.
3. By attending events to which parents are invited.
4. By assisting club leaders and by serving as leaders if called upon.

We hereby certify that _____ was born on _____

Father's Signature

e-mail address: _____
Cell Phone #: _____

Mother's Signature

e-mail address: _____
Cell Phone #: _____

Guardian's Signature (If applicable)

e-mail address: _____
Cell Phone #: _____

MEDICAL CONSENT

In these days of lawsuits, medical consent forms are a necessity on every outing. The basic idea of the form is that it gives parental authorization for a doctor to treat a minor. It also provides information on where the parents and family doctor can be located.

The consent form provides protection for the doctor, the child, and the club director.

1. The doctor - a doctor who would give medical assistance to a child without the knowledge of the parents would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent form may be enough to persuade a doctor that the parents are unlikely to sue. (Many young people have been given medical aid at a remote hospital or office after the leader produced a consent form. Other times the form has not helped at all.)
2. The child - leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form would severely reduce that chance.
3. The director - if a child is injured and is not able to get proper medical care because the director did not bother to require medical consent forms, that director would certainly be a handy target for a liability suit.

Note:

Medical consent forms may be dated in such a way that they are good for the whole year. This has the obvious advantage of saving a lot of work in collecting new forms for each outing. There are two disadvantages to year-long consent forms. First, a form signed several months ago will not be as impressive to a doctor as one signed yesterday. Secondly, the form won't have current information on the location of the parents. They may be out of town the weekend of the particular outing on which their child is injured. Use your judgment.

Form stays in local Church

MEDICAL CONSENT FORM

Child's Name _____ Birthdate _____ Sex _____
 Social Security # _____ Phone _____
 Address _____ City _____ State ____ Zip _____
 Medical Insurance _____ Policy # _____
 Physician's Name _____ Phone _____

Father's Name _____ Home Phone _____
 Cell Phone _____ Office Phone _____
 Address _____ City _____ State ____ Zip _____

Mother's Name _____ Home Phone _____
 Cell Phone _____ Office Phone _____
 Address _____ City _____ State ____ Zip _____

MEDICAL HISTORY

Weight _____ Height _____ Last Tetanus shot _____
 Food allergies _____
 Medication allergies _____
 Medications receiving now _____
 Medical history (i.e., recent surgery, diabetic, chronic illness)

Person to notify in case of accident or illness if parents are not available
 Name _____ Relationship to child _____ Phone _____

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above named child. Effective from date of _____ to _____.

- Emergency Surgery
 - First Aid
 - Both of the above
 - None of the above
- (One of the types of treatment must be marked)

ALL MEDICAL CONSENTS MUST BE NOTARIZED

Signature of Parent/Guardian _____

Subscribed and acknowledged before me this _____ day of _____, _____
 by _____, who is personally known to me or who has
 produced _____ as identification.

(Notarial Seal)

 Notary Public, State of Florida