



Light Bearers Adventurer Club



Registration Form (Mount Zion Filipino SDA Church)

Name _____ Birth Date _____ Age _____ Grade _____

Address _____
Street City Province Postal Code

Home Phone _____ Emergency Phone _____

Church _____ School _____

Pledge

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

Law

Be obedient, Be pure, Be True, Be kind, Be respectful, Be attentive, Be Helpful, Be Cheerful, Be thoughtful, Be reverend.

Application Information

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

I, _____ want to join the Light Bearers' Adventurer Club
Name of Applicant

I will attend meetings, activities, field trips, and other club activities. I will proudly wear my Adventurer uniform and obey the club guidelines. I will be cheerful, honest, kind and courteous.

Signature of Adventurer

Approval: Consent of Parent, or 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 accidental injury.
- 5) Giving my permission for the above named Adventurer to attend Adventurer activities.

Signature of Parent/Guardian

Name _____ Work Phone _____

Address _____
Street City Province Postal Code

Email Address: _____ Cell Phone _____



Light Bearers Adventurer Club



Health Record (Mount Zion Filipino SDA Church)

Name _____ Birth Date _____ Age _____

Address _____
Street City Province Postal Code

Home Phone _____ OHIP Number _____

Date of Last Tetanus Booster _____

Allergies to drugs or food: _____

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

Emergency Phone (friend or relative): _____ Cell Phone _____

Family Physician: _____
Name Business Phone

Physician's Address _____
Street City Province Postal Code

Insurance Company: _____ Policy No. _____

Authorization to Treat a Minor

I (We) the undersigned parent(s) 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 favour 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.

Signed: _____
Signature of Parent/Guardian

Date _____

This section is for the notary to sign if your state/country requires it.



Light Bearers Adventurer Club



ADVENTURER MEDICAL INFORMATION AND LIABILITY RELEASE RECORD

Parent/Guardian and Emergency Contact Information:

In the following section, please list the parent's/legal guardian's name and contact information as well as an additional emergency contact person. The additional person will be notified if the parent(s)/guardian(s) cannot be reached.

Adventurer's Name: _____ Date of Birth ____ / ____ / ____ (dd/mm/yy)

Parent(s)/Legal Guardian(s) _____

Address: _____ Home Phone # (____) ____ City: _____

____ Province: _____ PC: _____ Daytime/Cell Phone: (____) _____

Secondary Contact Person _____ Relationship to Adventurer _____

Home Phone # (____) _____ Daytime/Cell Phone # (____) _____

Adventurer's Health Record and Medical Information:

The Ontario Conference of Seventh-day Adventists is required by law to obtain the following health information before accepting an Adventurer participant. **Please include a copy of immunization record with registration form.**

Adventurer's Physician _____ Office Phone # (____) _____

Health Card # _____

History:

- Sore Throats
- Sinusitis
- Bronchitis
- Fainting
- Stomach upset
- Kidney trouble
- Special dietary
- Convulsions
- Other
- Sleepwalking
- Heart trouble
- Diabetes
- Asthma
- Bed-wetting

Allergies:

- Drugs
- Foods
- Plants
- Bee/Insect Stings
- Animals

Antidote:

- Benadryl
- Epikit
- Nurse administered
- Self care
- Other:
- Anakit
- Other

Medications:

Is the child currently taking medication?

- No
- Yes

Drug Name _____

Dosage _____

Time _____

Permission to administer: Tylenol

- Plain
- Aspirin
- Yes
- Yes
- No
- No

Medical and Liability Release:

I am/We are in favour of the aforementioned child attending Adventurer events (i.e., fun days, fairs, rallies, field trips, club meetings, camporee, etc.) and participating in all activities unless otherwise specified. As parent(s)/legal guardian(s), I/We accept the conditions stated, including the release of the Ontario Conference of Seventh-day Adventists from liability in case of accident or illness. I/We support, and the applicant agrees to abide by all event rules and Adventurer regulations and polices. In case of emergency, I/we give permission to the nurse/adult leader selected by the Adventurer Council/Club to hospitalize, secure proper treatment for, and to order injections, anaesthesia, or surgery for my/our child. If the child's medical information changes after initial submission, please notify the Ontario Conference Adventurer Department and your child's Adventurer Club in writing.

Parent(s) / Guardian _____
Print Name

Print Name

Parent(s) / Guardian _____
Signature

Signature

Date: _____



Light Bearers Adventurer Club



Videography/Photography Release Form



This letter confirms the agreement between you and the Adventurer Ministry of the Ontario Conference of the Seventh-day Adventist Church regarding your participation in this activity to be photographed and/or videotaped (the Property) from time to time.

For valuable consideration received, you hereby irrevocably grant to the Adventurer Ministry, perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footages taken of you as a result of your participation in approved activities of the Adventurer Ministry.

You hereby agree that you will not bring or consent to others bringing claim or action against the Adventurer Ministry of the Ontario Conference of the Seventh-day Adventist Church on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity.

You hereby release the Adventurer Ministry, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of action, suits, costs, expenses, liabilities and damages whatsoever that you may hereafter have against the Adventurer Ministry in connection with the Property.

This agreement shall not obligate the Adventurer Ministry Program to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. The Adventurer Ministry shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED THIS _____ day of _____, 20_____

Adventurer's Signature

Witness

Signature of Parent or Guardian

Witness

Print Name of Adventurer: _____