



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 _____



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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: _____ Date _____
Signature of Parent/Guardian

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