

Local Club Use Only

ADVENTURER MEMBERSHIP APPLICATION

LAW

- Be obedient Be attentive
- Be pure Be helpful
- Be true Be cheerful
- Be kind Be thoughtful
- Be respectful Be reverent

PLEDGE

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

Please check one that applies)

I wish to:

- Apply for membership
- Renew my membership
- Transfer my membership
from _____

Applicant's Commitment:

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.

Personal Information

Name _____ Age _____ Birthdate _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Phone # _____ Grade in School _____ Baptized? Yes No

Name of Church _____

I have been an Adventurer Yes No Where _____

Check all level(s) you have COMPLETED:

Little Lamb Eagar Beaver Busy Bee Sunbeam Builder Helping Hand

Family History:

My parents are Master Guides Father Yes No Mother Yes No

Have worked with Adventurers before? Father Yes No Mother Yes No

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 as well as the parent/guardian. 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 /Guardian Name

Father's/Guardian's Signature

**Please provide contact info for one
parent or guardian.**

Mother's/Guardian's Name

Mother's/Guardian's Signature

E-mail address

Cell Phone #:

Form stays in local Church

MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name _____ Birthdate _____ Sex _____ Cell
Phone # _____ Phone # _____ Address
City _____ State _____ Zip _____

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 Insurance _____ Policy # _____
Physician's Name _____ Phone _____

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 _____ Phone # _____
Relationship to child _____

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above-named child. Effective: From _____ 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 signature, State of Florida

Club Management System

Consent Form

Rationale for CMS

The FL PAD implemented the Club Management System to integrate all of the vital Club information into one system that is accessible to many groups at the same time. The local Club enters each child/adults information and then it is securely saved so that the Club Director/Secretary can access it from anywhere and anytime with an internet connection. In addition, the Club can log a digital history for each member or transfer that information if a member transfers to another Club. The volunteer Coordinator team has access to valuable data that them to better serve Clubs (seeing when their events are, if they need help with registering for an event, to encourage them to complete tasks by certain deadlines, etc.). And the PAD office is better able to analyze, communicate, log, and track how Clubs are doing by Clusters or Areas. The system has simplified our registration process for events, how background checks are processed (and making sure the right adults attend our events). And finally, the North American Division has chosen to adopt this system for the division as well, because they see all the benefits.

Club Applicant's Personal Information

Name _____ Age _____ Birthdate _____

We the parents/guardians of _____ hereby give not give permission to the Club Director to register my child into the Club Management System in order for my child to be eligible to attend Conference Events. If I do not grant permission, I understand that my child will be limited to only participate in local Club events only.

We here by give not give permission to the Club Director to register my child's allergies into the Club Management System in order for the Florida Conference to annoumously gather attendee data to better plan events and provide medical volunteers proper medical supplied, accordingly. If I do not grant permission, I understand that my child will be limited to only being treated for general First Aid situations and sent to the Emergency Room in case of moderate to severe allergic reactions for which the event may not have been prepared for. All information entered in the medical section of the CMS is accessible ONLY to those event specific medical/office staff that need to know medical information to best serve attendees at PAD events.

Father's Name	Father's Signature	Please provide contact info for one parent or guardian.
Mother's Name	Mother's Signature	E-mail address:
Guardian's Name (If applicable)	Guardian's Signature (If applicable)	Cell Phone #:

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 signature, State of Florida

**BRANDON ADVENTURER CLUB
MANAGEMENT SYSTEM
PARENT FORM**

Father Name: _____

Date of Birth: _____

Shirt Size: _____

Mother Name: _____

Date of Birth: _____

Shirt Size: _____

Guardian Name: _____

Date of Birth: _____

Shirt Size: _____



Code of Conduct and Participation Agreement

1. Adventurers should be **on time** to all Club meetings and events. Chronic tardiness will be taken into account when evaluating an Adventurer's Personal Performance.
2. **Field Uniform** (Club tee shirt, shorts with length to the knees or jeans, tennis shoes) will be worn at all Club meetings and informal activities and functions unless specified otherwise including camp outs. Open toe shoes are not allowed at Club meetings.
3. Complete **Class A or B Uniform** will be worn at all formal Club activities and designated Club meetings. Class A uniform consists of: white shirts with all patches and pins, slacks (boys) navy blue jumper or navy-blue dress (girls), navy blue socks (boys) white socks (girls), black dress shoes (closed toe), sash, scarf, and uniforms slide. Class B uniform is all of the above without the sash, scarf and slide.
4. **Jewelry:** We as members of the Seventh-day Adventist Church believe that the wearing of jewelry and the display of wealth that it implies is inconsistent with the principles of Adventuring. Therefore, we request that no visible jewelry be worn to any Adventurer function. This also prevents the loss of valuable items.
5. Adventurers should attempt to **participate** in all activities for their class level and maintain good conduct.
6. Adventurers will **show respect** at all times to the Adventurer Staff, their fellow Adventurers as well as all other people. Adventurers are expected to follow directions of Adventurer staff. Adventurers will ask for God's help to do their best to live out the Adventurer Pledge and Law at all things at all times whether during Club meetings or events at home, church, school or in the community.
7. During Club meetings or events Adventurers will **stay together** with a counselor or instructor. If an Adventurer needs to leave the group area they must have permission from a counselor, sign out as instructed (if applicable) and travel using the buddy system.
8. On campouts, Adventurers are expected to **help out** with set up, take down, kitchen patrol or any other necessary duties as scheduled; we must work as a team. Adventurers should not expect to go home until all equipment is cleaned and put away.
9. Adventurers will abide by the Camping Code of taking only pictures/memories and leaving only footprints while camping. Remember that Nature is God's First Published Book.
10. New Adventurers will be put in class level according to age and grade level. To join the Adventurers Club a child must be between Pre-K and 4th grade. If a child is moving to the church during the year they should bring their records from their previous Club.

Agreed to by: _____

Adventurer/Child Signature

Date

Parent / Guardian Signature

Date



Brandon Seventh-day Adventist Church
1221 Victoria Street, Brandon, FL 33510

Photo/Video Release Form

For children under 18 years of age, please complete the section below.

I, _____, Parent/Guardian
of (you may list multiple names)

hereby authorize and consent to the use of images of those listed above by Brandon SDA Church for church purposes, including but not limited to: still photography, video, electronic and print publications and websites.

Signature _____

Printed name _____

Date _____

ADVENTURER UNIFORM CHECKLIST

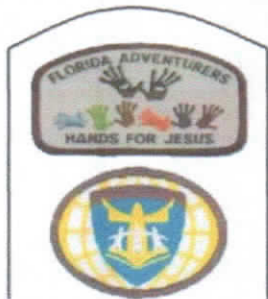
NAME: _____

Class Level: LL EB BB SUN BUI HH

Field Uniform

Club T-Shirt _____ Have _____ Need _____ Received _____ Size

Class A Uniform



Left Arm:

Florida Conference _____ Have _____ Need _____ Received
 Adventurer World _____ Have _____ Need _____ Received

Right Arm:

Club Crest Insignia: _____ Have _____ Need
 Insignia Patch: _____ Have _____ Need



Sash: _____
 Have _____ Need _____ Received

Slide: _____
 _____ Have _____ Need _____ Received

Scarf: _____
 _____ Have _____ Need _____ Received