



SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

ADVENTURER MEMBER APPLICATION 20__ - 20__

APPLICANT COMMITMENT

Pledge

Because Jesus loves me,
I can always do my part.

Adventurer Law

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

I would like to join the _____ Adventurer Club. I will attend meetings, hikes, camping and 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.

Adventurer Signature: _____

APPLICANT & PARENT INFORMATION

SNEC REGISTRATION FEE: _____

CLUB FEE: _____

Applicant Name: _____ Grade: _____

Adventurers Level Completed: ___ **Little Lambs** ___ **Eager Beaver** ___ **Busy Bee** ___ **Sunbeam** ___ **Builder** ___ **Helping Hand**

Address: _____

Phone #: _____ Email: _____

School: _____ Grade: _____ Church: _____

Is the applicant a baptized Seventh-day Adventist? ___ Yes ___ No Baptism Date: _____

APPROVAL BY PARENTS OR GUARDIANS:

The applicant is in grades Pre-K* through Fourth (4). We have read the Pledge & Law and are willing and desirous that the applicant become an Adventurer. We will assist the applicant in observing the rules of the Adventurer Club. In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club or the Southern New England Conference of Seventh-day Adventists for any accident's which may arise in connection with the activities of the Adventurer Club. 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 the club 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 assistants when called upon.
5. By purchasing Adventurer Club insurance through the club

Please be advised that the activities of this club will be recorded using pictures, videos, and brief summaries of participation in events/activities for use in club/conference websites, newsletters, marketing materials, presentations, and social media (including but not limited to: Facebook, YouTube, Twitter, Snapchat, Instagram, etc.)

By signing this form, we/I signify that we/I have carefully read this application form and agree to all the terms and conditions herein.

Signature of Parent/or Legal Guardian

Date

***ADVENTURERS THAT JOIN IN PRE-K AT AGE 3 MUST COMPLETE LITTLE LAMBS 2 YEARS IN A ROW.**

HEALTH HISTORY, CONSENT TO TREATMENT & HEALTH INSURANCE INFORMATION

Name: _____

Are there any present health concerns? _____

List any allergies: _____

Specify current medication(s): _____

Date of last tetanus immunization/booster: _____ Permission to administer in an emergency? Yes _____ No _____

Physician's Name: _____ Physician's Phone Number: _____

PARENT/GUARDIAN CONSENT TO TREATMENT:

I/we, the undersigned parents/guardians hereby give my consent for the above named child to participate in the 2017-2018 Adventurer/Pathfinder year. I/we am/are aware that my child may at some point require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment become necessary for my child, I/we grant permission to _____ Adventurer/Pathfinder Club Director and/or her assistants,

Adventurer/Pathfinder Club Name
authority to obtain such emergency medical assistance. I/we further grant permission for medical personnel to administer emergency medical treatment.

I/we also consent to my/our child being transported for the purposes of Adventurer/Pathfinder Club activities, in private, church owned vehicles or other mode of transportations as may be deemed necessary. I/we understand that said vehicles will be driven by adults 21 years old or above and, the drivers will be approved by the _____ Church Board.

Church Name
I/we understand a permission slip will need to be signed at the time of all field trips.

I/we also consent to having my/our child work with club staff members outside the regular club meetings times for special club events, for honors or for class activities arranged by the club staff team.

I/we agree to indemnify and hold harmless the Atlantic Union, the Southern New England Conference of Seventh-day Adventist, the _____ church, and the

Church Name
_____ Adventurer/Pathfinder club and its leaders and staff from

Adventurer/Pathfinder Club Name
liability arising from any accident or injury occurring during club-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.

This consent shall stay in effect until _____ or until revoked in writing and delivered to the above named director or to the club entrusted with custody of said minor.

Signature of Parent/Guardian

Print Full Name

Relationship to Applicant

Date

MEMBER HEALTH INSURANCE INFORMATION

The above named pathfinder applicant is _____ covered / _____ not covered by health insurance.

Present Health Insurance Company: _____ Policy Number: _____

Insured Parent/Guardian's Name: _____ Home Phone Number: _____

Address: _____ Work Phone Number: _____

Emergency Contact Name(s): _____ Home Phone Number: _____

Mobile Number: _____ / _____

A photocopy of this form is as valid as the original. You must always have a copy of this form with you in every pathfinder outing or trip.

Southern New England Conference Adventurer & Pathfinder Ministries



Health History for Club Member/Staff

Directions

- 1) Sections 1 & 2 must be completed by parent/guardian of minor or by adult staff 18 years or older.
- 2) GIVE THIS FORM TO YOUR CLUB DIRECTOR

1. Personal & Emergency Contact Information

Club Member/Staff Name _____ Gender M F Birth Date _____ Age _____

Home Address _____
Street Address City State Zip Code

Parent/Guardian Name _____ Email Address _____

Home Address _____
(If different from above) Street Address City State Zip Code

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Second Parent/Guardian Name _____ Email Address _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name _____ Relationship: _____ Phone (____) _____

2. Allergies/Health History/Medical Insurance

Allergies: ☐ No known allergies. ☐ This Club Member/staff is allergic to: ☐ Environment (e.g., insect bites, sun) ☐ Food ☐ Medicine ☐ Other

(Please describe below what the pathfinder is allergic to and their typical reaction.)

3. Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the pathfinder/staff:

Ever been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had fainting or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passed out/had chest pain during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a recurrent/chronic illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had mononucleosis during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a recent infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Traveled outside the U.S. in the past 9 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with falling asleep/sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had back/joint problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have a history of bedwetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with diarrhea/constipation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any skin problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have impaired vision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If female, have problems with menstrual cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Does club member/staff have any current physical, medical, or psychological conditions requiring medication, treatment, or special considerations or activity restrictions while at camporee? ☐ Yes ☐ No If yes, please explain below:

Southern New England Conference of the Seventh-day Adventist Church
Adventist Youth Ministries Department



Adventurer and Pathfinder Club Ministries



MEDICATION ADMINISTRATION

(To be completed by the parent/guardian and kept on file with the Health record)

My child is currently taking the following medication:

Name of Medication	Dosage	Frequency	Reason for taking Medication

CONSENT TO ADMINISTER DRUGS

I give consent for _____ Adventurer/Pathfinder Club to administer
the following Club Name
over the counter medications to my child (name)

- _____
- ☐ **Ibuprofen**
 - ☐ **Acetaminophen**
 - ☐ **Benadryl/ Diphenhydramine**
 - ☐ **Cough Syrup**
 - ☐ **Tums**
 - ☐ **Other** _____

Dosages will be administered per Adventurer/Pathfinder's weight.

Frequency of medication will be given as needed per product recommendations.

Signature of Parent / Guardian

Date

Contact (email/phone) _____