



Calgary Central Crusaders Adventurer Club

Adventurer Registration Form

Child's Name _____ Birth date _____ Age _____ Grade _____

Parent(s)/Guardian(s) Name(s) _____

Address _____

Home # _____ Cell # _____ Other # _____

Email(s) _____

School _____ Church _____

Extracurriculars (ex. Piano lessons) _____

Check classes in which you have previously been invested:

Little Lambs(4) Eager Beavers(5) Busy Bee(6) Sunbeams(7) Builder(8) Helping Hand(9)

I am:

a new member of the Crusaders Adventurer Club

a returning member of the Crusaders Adventurer Club

a new member who was part of another club. Name of club: _____

Photo Release

I, _____, the parent(s) or guardian(s) do hereby voluntarily waive, grant and release the right to photograph and to publish pictures, audio and video of me and my child (listed below) to the Alberta Conference of Seventh-Day Adventists and the Calgary Crusaders Adventurer Club. I understand that pictures and/or written first names of my child may be used by other conference clubs at other events. This may take the form of a poster, power point presentation, album, SDA publication article or other.

Parent Name _____ Child's Name _____

Parents Initials _____ Date _____



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Medical and Emergency Contact Information

Child's Name _____ Birth date _____

Address _____

Home # _____ AB Health # _____

Allergies _____

Special medications or important medical information _____

Dietary or Other Restrictions _____

Emergency Contacts

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

4. Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Physician's Address _____

Insurance Company _____ Policy # _____

Authorization to Treat a Minor

I (we) the undersign parent(s) or guardian(s) of: _____

In case of emergency, I hereby give permission to the physician selected by club directors to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child if deemed necessary by the attending physician. As a parent/guardian of the applicant, I am in favor of him/her attending club functions and accept the conditions named. The health history is correct so far as I know. In addition, I have read the Emergency Authorization statement and give my full consent to the terms found therein. Permission for photocopying of this health record is granted.

Parents initials _____ Name _____

Date _____