

Wailatpu Discovery Club Registration 2020 - 2021

(Please Check One) Baby Birds _____ Little Lambs _____ Curious Cubs _____ Eager Beavers _____

Child's Name _____ Birth Date _____ Grade _____
Home Phone _____ Email _____
Address _____
Street _____ City _____ State _____ Zip _____
Father _____
Name _____ Home Phone _____ Cell _____
Mother _____
Name _____ Home Phone _____ Cell _____
Emergency Contact _____
Name _____ Home Phone _____ Cell _____
Church _____ School _____

Applicant Agreement

I, _____ want to join the _____ Adventurer Club.
Name of Applicant

I will attend and participate in meetings, activities, field trips, and other club events. I will proudly wear my Adventurer uniform and obey the Adventurer Pledge and Law.

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 events.
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 an individual club staff member liable in the event of an accidental injury.
5. Giving my permission for the above-named Adventurer to attend Adventurer activities.

Signature of Parent/Guardian for Club Enrollment

Health Record

Family Physician _____
Name _____ Business Phone _____
Date of last tetanus booster _____ Preferred Hospital _____
Allergies to drugs or foods _____
Any special medications, restrictions or pertinent information _____

Authorization to Treat a Minor

I (we) the undersigned parent or legal guardian of _____
Name of Adventurer

In case of emergency, I hereby give my 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 favor 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.

Wailatpu Adventurer/Discovery Clubs

Registration 2020-2021

Adventurer/Discoverer Name _____

Registration Fee: \$25.00 per year

Uniform Deposit:

Dress Uniform: \$25.00

(refundable upon return of reusable uniform)

Field Uniform: \$10.00

Each Adventurer/Discoverer is given a scarf, slide and sash at their first Induction Service.

Replacement charges:

Scarf, small: \$6.00

large: \$7.00

Slide: \$4.00

Sash, small: \$5.00

large: \$6.00

Charges:

Registration fee \$ _____

Uniform deposit \$ _____

Dress \$ _____

Field \$ _____

Replacement of:

Scarf \$ _____

Slide \$ _____

Sash \$ _____

Total Charges \$ _____

Paid:

Check No: _____

Cash _____

(If you need financial assistance, please speak with the Club Director or Treasurer)