

Garden Road SDA Church  
**EXPLORERS Adventurer Club**  
**Membership Application Form**

**PLEDGE**

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

**LAW**

Jesus can help me to: Be obedient, Be pure, Be true,  
Be kind, Be respectful, Be attentive, Be helpful, Be  
cheerful, Be thoughtful, Be reverent.

**MEMBERSHIP DETAILS**

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/guardian name (s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/guardian Email: \_\_\_\_\_

Church: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Check level (s) the child has completed:    \_\_\_ Little Lamb    \_\_\_ Eager Beaver    \_\_\_ Busy Bee  
   \_\_\_ Sunbeam    \_\_\_ Builder    \_\_\_ Helping Hand

**Applicant Commitment**

I, \_\_\_\_\_ want to join the **Garden Road Explorers Adventurer Club.**

I will attend meetings, activities, field trips, and other club activities.

I will proudly wear my Adventurer uniform and obey club guidelines.

I will be cheerful, helpful, honest, kind and courteous.

I agree to be guided by the rules of the club and the Adventurer Pledge and Law.

**PARENT/GUARDIAN COMMITMENT**

As a parent/guardian, I understand that the Adventure Club is active and includes many opportunities for service, adventure, fun, and learning. I will support the program by: (please initial and sign)

1. Encouraging my Adventure to take an active part in all club meetings and functions. \_\_\_\_\_
2. Attend events in support of my adventure. \_\_\_\_\_
3. Assisting club leaders by serving as a helper when needed. \_\_\_\_\_
4. Not holding any 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. \_\_\_\_\_

**Name of Parent/Guardian (PLEASE PRINT):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**ADVENTURE CLUB HEALTH RECORD**

Child's Health care #: \_\_\_\_\_

Allergies to drugs or foods: \_\_\_\_\_

Any special medications or pertinent information: \_\_\_\_\_

List any restrictions (physical or others e.g. Asthma): \_\_\_\_\_

**TELEPHONE NUMBERS WHERE PARENTS MAY BE REACHED:**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Guardian: \_\_\_\_\_

Emergency phone (Friend or relative): \_\_\_\_\_

**AUTHORIZATION TO TREAT A MINOR**

I (we) the undersigned parent, parents or legal guardian of \_\_\_\_\_

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 a 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.

**Name of Parent/Guardian (PLEASE PRINT):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Email form to Garden Road SDA Explorers Adventurer Club [explorer\\_adventurers@gardenroadadventist.ca](mailto:explorer_adventurers@gardenroadadventist.ca)