



Adventurer Registration Form

20__ – 20__

Club Name: Ellicott City Colts Director's Name: _____

Child's Name: _____ Birth Date: _____ Age: _____ Grade _____

Mailing Address: _____
Street City State Zip

Home Phone _____ Emergency Phone _____

Church _____ School _____

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.

Applicant Information

Check class(es) you have been invested in: Little Lamb Eager Beaver Busy Bee
 Sunbeam Builder Helping Hand

I, _____ want to join the Ellicott City Colts
Name of Applicant Club Name

I will attend meetings, activities, field trips, and other activities. I will proudly wear my Adventurer uniform and obey club guidelines. I will be cheerful, helpful, honest, kind, and courteous.

Electronic Signature of Adventurer (Please type your First and Last Name)

Approval/Consent of Parent/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 functions.
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 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.

Electronic Signature of Parent/Guardian (Please type your First and Last Name)

I understand that checking this box constitutes a legal signature confirming that I warrant the truthfulness of the information provided in this application.

Parent/Guardian Name: _____ Phone: _____

Mailing Address: _____
Street City State Zip

Email Address: _____

Adventurer Club Health Record



Applicant Demographics (Please Print)

Name: _____ Phone: _____
 (Last Name, First Name, Middle Name)

Address: _____ DOB: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Demographics

Father/Guardian: _____ Email: _____

Phone: _____ Cell: _____

Work Address: _____ Occupation: _____

Mother/Guardian: _____ Email: _____

Phone: _____ Cell: _____

Work Address: _____ Occupation: _____

Insurance/Physician/Emergency Contact Information

Primary Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Medical Insurance: _____ Group: _____

ID#: _____
 (Please provide club with a copy of insurance card.)

Medical History and Information

The following information is critical for the safe care of your Adventurer during routine Adventurer activities and emergencies. Please make sure to answer each and every question by checking either "yes" or "no" and listing any information that applies to the care of your Adventurer.

- | Y | N | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child had a Tetanus Booster within the last year? (If "no" list date of last shot.) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any health history? (Asthma, Constipation, Epilepsy, Diabetes, etc.) If "yes" list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any difficulties that would affect them during any Adventurer function? If "yes" list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies to medications? If "yes", please list with reaction. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies to foods? If "yes" please list with reaction. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any dietary considerations which should be considered when planning a menu? If "yes" list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there any physical restriction that would affect your child during Adventurer functions? If "yes" list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | All Adventures are required to have an up-to-date shot record, are there any shots that are not up-to-date ? If "yes" list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your child currently on any medications? If "yes" please list with dosage. _____ |

Being the Parents/Guardians of the applicant we certify the above medical history and information is correct to the best of our knowledge and the applicant has permission to engage in all Adventurer activities except those noted. In the event the Parents/Guardians cannot be reached in an emergency, permission is given to the physician selected by the adult leader to whom the applicant is charged to hospitalize, secure proper anesthesia, order injection, surgery, resuscitation, or any care deemed necessary by that leader or physician to insure safe return of said applicant to his/her Parents/Guardians.

Parent/Guardian: _____ Date: _____