



Name _____ Contact Number _____

Address _____

School _____ Year _____

Church _____ Age _____ DOB _____

Please complete the following questions

I would like to join the _____ Adventurer Club

Have you been an Adventurer before? Yes No If yes, where? _____

Please tick the classes you have completed

- Little Lamb (4 yrs)
- Little Fish (5 yrs)
- Busy Bee (6 yrs)
- Sunbeam (7 yrs)
- Builder (8 yrs)
- Helping Hand (9 yrs)

What class do you wish to join? _____ Do you have a full uniform? Yes No

BASIC MEDICAL DETAILS (These will be kept confidential)

Medicare Number _____ Medicare Place _____

Emergency Contact Name _____ Contact Number _____

Medical Record

- Allergies Plants _____
 Foods _____
 Bee Stings _____
 Drugs _____
 Other _____

Medication Required _____

Physical Abnormality _____

Medical History _____

_____ Last Tetanus Injection _____

TO BE COMPLETED BY PARENT/GUARDIAN

As a parent/guardian I have worked with Adventurers in the following activities _____

I am willing to assist the Adventurer Club in

- Being a teacher
- Craft Leader
- Transport
- Fundraising
- Equipment Repair
- Making a Donation
- Other _____

Name _____ Working With children Check Number _____

CONSENT & RELEASE - TO BE COMPLETED BY PARENT/GUARDIAN

We have read the requirements for membership in the _____ Adventurer Club and hereby certify that _____ (child's name) has reached the age of 4 years or over.

We wish that he/she becomes an Adventurer.

As parents/guardians, we understand that the Adventurer Club Program is an active one for the applicant. It includes many opportunities for service, adventure and fun.

In the event of accident or illness, I also authorise the Adventurer Director to consent, where it is impractical or communicate with me, for me / my child to receive any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I also authorise to engage such treatment. I agree to pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required.

I agree to meet the expense of me / my child being returned home, by the director or leaders.

I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Adventurer Director, non-cooperation of any description or the inability to meet the rigours and requirements of the activity.

I agree to me / my child attending the club on this understanding.

If you do not want your child/ren to be photographed then you need to write a letter to the Adventurer Director.

Signed _____ Participant _____ Date _____

Signed _____ Parent/Guardian (if applicant is aged under 18yrs) _____ Date _____