



Registration Form

Can be used for multiple children from same family

Parent/Guardian Information

Family Name	_____	
Given Name	_____	
Relationship to Child/ren	_____	
Address	_____	
Phone	Mobile	_____
Email	_____	
Church	School	_____
Facebook Id	WWC No	_____

Adventurer Information

Child 1

Family Name	_____	
Given Name	_____	
Birth Date	Age	_____
Gender	Grade	_____

Child 2

Family Name	_____	
Given Name	_____	
Birth Date	Age	_____
Gender	Grade	_____

Child 3

Family Name	_____	
Given Name	_____	
Birth Date	Age	_____
Gender	Grade	_____

Classes with matching Age/School Year level are listed below. Please choose a class that suits your child's developmental needs.

ADVENTURER LEVELS



Pre-Kindergarten
or Kinder (4yo)



Kindergarten
or Prep (5yo)



Grade One
(6yo)



Grade Two
(7yo)



Grade Three
(8yo)



Grade Four
(9yo)

My child/ren (named above) would like to join the Mildura Adventurer Club and agree to attend club meetings, field trips, and other Adventurer activities. They agree to abide by the Adventurer pledge and law by being kind, cheerful, helpful, honest, courteous, respectful, thoughtful and reverent in God's Church.

I understand that either a parent or guardian for my child/ren must be present at every meeting (for Little Lambs this adult MUST be with them at all times).

Signature of Parent/Guardian: _____

Date: _____ / _____ / _____



Parent Commitment

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As Parent/Guardian, I understand the Adventurer Program is an active one which includes many opportunities for Christian service, adventure, fun and learning. It is a program which actively disciplines children in how to live a Christian life. It aims to unite families in adventures in Godly living. This program cannot run effectively without me!

I will support the program by:

- Encouraging my Adventurer to take part in all club events
- Ensuring my Adventurer is in Club Uniform for every club meeting
- Being ON TIME for club meetings
- Attending all events or providing another adult guardian for my child/ren at each club event
- Understanding that some of the work for each class needs to be completed at home, and I will assist and encourage my Adventurer in completing the tasks required
- Assisting club leaders by serving as a helper when needed
- Not holding staff members liable in the event of an accidental injury.

Childs Name/s: _____

Name of Parent/Guardian: _____

Signature: _____

Date: _____ / _____ / _____



Permission Form

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Permission for Child or Young Person to be photographed or filmed

The Mildura Seventh-day Adventist Church facility and grounds are private property and the Church's Code of Conduct requires that no photography or filming of minors, takes place on the premises without prior permission and approval. For some activities and special occasions, official photographers may be designated.

I give permission for the following child/ren to be photographed or filmed, and such images used by the Club in the following ways; record of attendance, Adventurer closed Facebook group, church powerpoint presentations, church newsletters, shared with other clubs that our club does activities with during the year or passed on to VicYouth for use with their publications. In these circumstances no names and personal or private details will be linked to the images or media.

I give permission for all media of my Pathfinders to be electronically stored by the club and kept as for use *after* 2020.

Permission for Transport of Child or Young Person

I give permission for the following child to travel in private vehicles, mini buses, and other methods as organized for Mildura Seventh-day Adventist Church sponsored activities, as proposed in an Activity Risk Report Form approved by the Church Board.

Parent / Guardian Permission

Childs Name/s: _____

Name of Parent/Guardian: _____

Signature: _____

Date: _____ / _____ / _____



Medical Information & Emergency Treatment Release

Single child per form

Child Information

Family Name _____
Given Name _____
Birth Date _____ Gender M / F

Emergency Contact

Family Name _____
Given Name _____
Relationship to Child _____
Phone _____ Mobile _____
Address _____
Place of Work _____

Medicare & Private Health Cover

Medicare No _____
Private Health Insurance Y / N _____
Fund Name _____
Policy No _____ Ambulance? Y / N _____

Medical Contact

Name of Usual Dr/Clinic _____
Phone _____
Address _____

<u>Pre-existing Medical Conditions</u>		
Asthma	Yes / No	Management plan? Yes/No If Yes please attach
Epilepsy	Yes / No	Describe triggers / response plan
Allergies	Yes / No	Describe in detail, e.g. bees; plants; food, medications etc & impact
Anaphylaxis?	Yes/No	If yes please attach Management plan Would hospitalization usually be required? Y / N
Dietary Requirements & Preference	Yes / No	Describe
Swimmer	Yes / No	Competent Distance
Other relevant information?	Yes / No	Describe

Parent / Guardian Consent

I, (full name) _____, being the Parent / Guardian of the above named child, hereby acknowledge that the above is correct to the best of my knowledge and current at the time of completing this form. I further permit the above named child to be admitted to emergency hospital or other professional medical care, in the event that myself or the emergency contact person named above are unavailable or cannot be contacted for any reason, if such treatment is required.

Signature of Parent/Guardian: _____

Date: _____ / _____ / _____