



Atholton Alligators Discovery & Adventurer Club Registration Form 2018 – 2019

Club Name Atholton Alligators Director's Name Anastasia Elliott

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 completed: Baby Bird Curious Cub Little Lamb
 Eager Beaver Busy Bee Sunbeam Builder Helping Hand

I, _____, want to join the Atholton Alligators.
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.

Signature of Adventurer

Date

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.

Signature of Parent/Guardian

Date

Atholton Alligators Discovery & Adventurer Club Uniform Order Form 2018-2019



Dues are ***Non Refundable***, \$40 per year, uniform items additional

Name(s): _____

Check One: Discovery (Baby Bird, Curious Cub, Little Lamb, Eager Beaver)
 Adventurer (Busy Bee, Sun Beam, Builder, Helping Hand)

For uniform items, write the quantity needed:

| Quantity | Description | Cost | Amount |
|----------|------------------|------|--------|
| _____ | Dues (per child) | \$40 | _____ |

New Member needing all uniform items:

| | | | |
|-------|--|------|-------|
| _____ | Sash (circle the size: S or M), Scarf, Slide, Class Patch, World Patch, Conference Patch, Atholton Patch, T-Shirt (circle the size: XS, S, M, L), Uniform Shirt (circle the size: 2, 4, 5, 6, 7, 8 10, 12) | \$45 | _____ |
|-------|--|------|-------|

Individual items:

| | | | |
|-------|--|------|-------|
| _____ | Sash (circle the size: S or M) | \$5 | _____ |
| _____ | Scarf | \$6 | _____ |
| _____ | Scarf Slide | \$3 | _____ |
| _____ | Class Patch | \$3 | _____ |
| _____ | World Patch | \$3 | _____ |
| _____ | Chesapeake Conference Patch | \$3 | _____ |
| _____ | Atholton Patch | \$3 | _____ |
| _____ | T-Shirt (circle the size: XS, S, M, L) | \$9 | _____ |
| _____ | Uniform Shirt (circle the size: 2, 4, 5, 6, 7, 8 10, 12) | \$12 | _____ |

| | |
|--------|-------|
| Total: | _____ |
|--------|-------|

Check# _____ Cash _____

Please make checks payable to Atholton Adventist Church, memo: Discovery/Adventurer Registration



Atholton Alligators Discovery & Adventurer Club Health Record 2018 – 2019

Applicant(s) Demographics (Please Print)

Child 1: _____ Sex: **M** **F** DOB: _____
 (Last Name) (First) (Middle)

Child 2: _____ Sex: **M** **F** DOB: _____
 (Last Name) (First) (Middle)

Child 3: _____ Sex: **M** **F** DOB: _____
 (Last Name) (First) (Middle)

Address: _____
 Street City State ZIP

Parent/Guardian Demographics

Father/Guardian: _____ Email: _____
 Mobile: _____ Home: _____
 Occupation: _____ Work Address: _____

Mother/Guardian: _____ Email: _____
 Mobile: _____ Home: _____
 Occupation: _____ Work Address: _____

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.

| Child 1 | Child 2 | Child 3 | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Y | N | Y | N | |
| Y | N | Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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 ? If “yes” list. |
| <input type="checkbox"/> | <input type="checkbox"/> | <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: _____

Annual Updates _____
 (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

ATHOLTON SEVENTH-DAY ADVENTIST CHURCH CHILDREN'S MINISTRY REGISTRATION & CONSENT FORM

| | |
|---|--------------------------|
| Child's Name | Birth Date / / |
| (Last) (First) (Middle) | |

| | | |
|------------------------|------------------------------|---------------------------|
| Child's Address | | Home Phone |
| City, Zip | Sex M F | School & Grade |

| | | |
|-------------------------|--|-------------------|
| Mother's Name | | Home Phone |
| Mother's Address | Church membership if applicable | Cell Phone |
| | | E-Mail |

| | | |
|-------------------------|--|-------------------|
| Father's Name | | Home Phone |
| Father's Address | Church membership if applicable | Cell Phone |
| | | E-Mail |

| | | |
|--|---------------------|---------------------|
| PERSONS AUTHORIZED TO PICK UP YOUR CHILD (NOTE: Siblings under 18 years of age CANNOT sign-in or sign-out children) | | |
| Name | Phone Number | Relationship |
| 1- | | |
| 2- | | |
| 3- | | |

| | |
|---|---|
| Persons NOT allowed to pick up your child _____ | Restrictive Court Order in Effect? Yes _____ No _____ |
|---|---|

| |
|---|
| ALLERGIES AND MEDICAL CONCERNS (List all allergies, medical concerns and other pertinent information for your child) |
| |

| |
|---|
| PHOTOGRAPHIC RELEASE I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give permission for my child's photo to be included in Atholton Seventh-day Adventist Church produced materials including printed publications, video productions and the Atholton website. Names will NOT be used. _____ (Parent* initials) |
|---|

| |
|--|
| PARENT* CONSENT I, the undersigned parent* of _____ hereby authorize my child to participate in the Atholton Seventh-day Adventist Church's Children's Ministry events. It is understood that designated Atholton Seventh-day Adventist Church staff and volunteers will be in attendance and will provide the best reasonable supervision to ensure the health, welfare and comfort of all in attendance. |
|--|

This form will be updated and initialed by a parent* every September. If there is any change to the information during the year, a parent* is responsible to communicate those changes to the Children's Ministry staff.

Parent* (Print): _____ Date: _____

Parent* (Signature): _____

Annual Updates _____ _____ _____ _____ _____
 (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

* Parent refers to a parent, guardian, or authorized person responsible for child