

APPLICATION FORM

2024



Name _____ Contact Number _____

Age _____ DOB _____ Parent's email _____

Address _____

School _____ Year _____ Church _____

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) ☐

Early Bird (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

Medicare Number _____ Position on card _____

Emergency Contact Name _____ Contact Number _____

Medical Record

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

Medication Required _____

Physical Abnormality _____

Medical History _____

_____ Last Tetanus Injection _____

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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