

APPLICATION FORM

2022



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 Birds (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 _____