## TOBAGO MISSION OF SEVENTH-DAY ADVENTISTS YOUTH MINISTRIES DEPARTMENT



## **ADVENTURER CLUB REGISTRATION FORM**

Name:						Age:		D.O.B.:	
Male/Fe	emale:	Contact I	Number 1:				2:		
Address	:								
School A	Attending:						Class	:	
Church A	Attending:				which clu	b do yo	ou attend	d:	
Which class have you been invested in?									
		tle Lamb		Busy Bee		Builder			
I have a		rly Bird turer Dress V	_	Sunbeam	○ YES	Helping			
I have a	n Adventur	er Field Unif	orm:	(	YES	O N	10		
My child/ward has access to a digital devise and can connect to the internet <b>YES NO</b>									
I					her	eby sta	nte my d	esire to be	a member of
the					Adventur	er Clu	b. I will	l attend mee	etings,
activities, field trips and other club activities. I will proudly wear my Adventurer uniform and obey club guidelines. I will be cheerful, helpful, honest, kind ad courteous.									
ADVEN	NTURER SI	GNATURE				1	DATE:		

## **Parent/Guardian Commitment**

As parent/guardian, I understand that the Adventurer Club is active and includes many opportunities for service, adventurer, fun and learning. I will support the program by:

- 1. Encouraging my child/ward to take an active part in all club meetings and functions
- 2. Attending events in support of my child/ward
- 3. Assisting club leaders by serving as a helper when needed
- 4. Not holding any individual club staff liable in the event of an accidental injury
- 5. Giving permission for my child/ward to attend Adventurer activities.

(Signature of mother/guardian)	(Place of Work)	
I have worked with Adventurers in the past	☐ (CHECK THIS BOX)	
I am willing to assist the Adventurer Club	☐ (CHECK THIS BOX)	