Clubber Registration

Club Year: 2025–2026

- Please Print -

MVBC Adventure Club
204 Main Ave N
Twin Falls, ID 83301

Please complete and sign, and print this form. You may use the back side if you require more space. When completed, please email it to childrens@mvbiblechurch.org or return to the MVBC office with Attention: Adventure Club.

Parent /Guardian				Number / E-mail address	Contact Person	Text?
Name(s):				Cell Phone:		☐
Address:				E-Mail:		
City:	State:	Zip:		Home Phone:		☐
Home Church:				Work Phone:		☐
Persons (other than parents) authorized to pick up the children:				Other:		☐
				Emergency*:		☐

* Emergency Contact During Club Time (other than parents)

Child's First and Last Name	Nickname	Birth Date	Gender	Grade

Child	Doctor Name and Phone	Allergies / Meds / Special Needs

I am interested in helping: ☐ Weekly ☐ Every other week ☐ Monthly ☐ For Special Events
Note: All Adventure Club leaders and listeners must submit to a background check before working with the children.

Terms and Conditions

1) I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Magic Valley Bible Church and any persons involved in the Adventure Club ministry.

2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Adventure Club volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Adventure Club Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

4) I grant permission for my child to travel to/from Adventure Club events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the Terms and Conditions stated above

X _____ _____
Signature of Parent/Guardian Date

Note: by signing with your electronic signature, you are agreeing that this E-signature is the legal equivalent of your manual signature on this Adventure Club Registration.

Office Use Only

Fees:	Qty	Total
Dues ($30)		
Books		
Trackers ($15)		
Scouts ($15)		
Trailblazers ($15)		
Navigators ($5)		
Explorers ($5)		

Total Due _____

Amt Paid _____
Check # _____ or Cash Y/N

Notes:

Revised: Aug 2023