

Clubber Registration

MVBC Adventure Club

204 Main Ave N

Twin Falls, ID 83301

Club Year: 2022-2023

- Please Print -

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 adventure@mvbiblechurch.org or return to the MVBC office with Attention: Adventure Club.

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

* Emergency Contact During Club Time (other than parents)

<u>Child's First and Last Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Child</u>	<u>Doctor Name and Phone</u>	<u>Allergies / Meds / Special Needs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Adventure Club Leaders only.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)	_____	_____
<u>Books</u>		
Trackers (\$15)	_____	_____
Scouts (\$15)	_____	_____
Trailblazers (\$15)	_____	_____
Navigators (\$5)	_____	_____
Explorers (\$5)	_____	_____
Total Due		_____
Amt Paid	_____	
Check #	_____ or Cash Y/N	

Notes: