Master Guide Club Registration Form

Desire (check as appropriate):
☐ Apply for membership or renew my membership.
☐ Transfer my membership from____

Personal Information

Name ______________________________ Age _______ Date of birth _______________

Address ____

City ___________________________ State _____________ Zip Code_________________

Email: ___________________________________ Cell phone (   ) ____________________

Name of the church you attend _____________________ Baptized? ☐ Y ☐ N

Mark all the levels you have completed: ☐ L. Lambs ☐ E. Beaver ☐ Busy Bee
☐ Sunbeam ☐ Helping Hands ☐ Builder

☐ Friend ☐ Companion ☐ Explorer ☐ Ranger ☐ Voyagers ☐ Guides

COMMITMENT OF THE APPLICANT: I agree to abide by the club's rules and the Vote and Law of the Master Guide, as well as to attend Club meetings, camps, and other outings and activities. I also agree to abide by the club rules and principles of the Seventh-day Adventist Church.

____

Applicant's Signature

FAMILY HISTORY

Name of parent or representative: ____

Email: __________________________________ Cell phone (___) ___________________

Member of the Seventh-day Adventist Church? ☐ Y ☐ N
If the answer is yes, where do you have your membership? ___________________________

MEDICAL CONSENT FORM

To be read and completed by the parent or guardian and if your state/province requires notarization.

Legal name of the Master Guide____
Date of birth____________________ Circle: Male/Female
Address____
City _______________________________ State _____________ Zip Code______________
Name of Parent or Guardian:____
Cell phone (____)____________________

Family doctor's name __________________________ Phone (____) __________________
Health Insurance Provider____
Health Insurance Policy Number ____
Name of parent or Guardian____
Address____
City __________________________ State_____________ Zip Code ___________________
Home phone (____) ___________________ Cell phone (_____)_______________________

MEDICAL HISTORY

Weight ______________ Height _____________ Last tetanus vaccine__________________
Food allergy: _____________________________________Blood Type _________________
Drug allergy ____
Medications you are currently taking :____
____
____
____
____

Medical history (recent operations, diabetes, chronic illnesses)

____
____
____
____

Contact person in case of accident or illness if parents or guardians are not available.

Name ____
Phone number(_____) ________________ Relationship with the minor_________________
I __________________________ (parent/guardian) I give the following consent of

Emergency medical treatment for the minor mentioned above.
Valid from ____until ____________________

☐ Emergency operation ☐ First aid (check each as appropriate)

Name: ____

The following information will be used for all club activities for the 2024-2025 Master Guide year.
Please note on the event permission form if there are any changes from this information.
All events will be sponsored by the Arkansas-Louisiana Conference and/or the ____________________SDA Church, ___________________, _________. I do hereby state that said child is physically and medically able to participate in the club activities. I do hereby release and discharge the SDA Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted on behalf of said minor and/or myself against the __________________ SDA Church, representatives, or staff. Furthermore, in the event of an accident, if said staff or representatives are unable to contact the undersigned, I hereby grant permission to said staff or representative to administer first aid, and/or to take the applicant to a medical facility for treatment.

Signed: ____ Date: ___________________________
Printed Name: ____ Cell #: ___________________________________

Relationship to applicant: ____

Please check any OTC (over the counter) meds that the staff is allowed to give the Master Guides.

- ❑ Ibuprofen (headache, muscle ache or pain)
- ❑ Acetaminophen (as needed headache or pain)
- ❑ Robitussin (cough)
- ❑ Loperamide Hydrochloride 2 mg (diarrhea)
- ❑ Visine or clear eye drops (itching eyes)
- ❑ Mylanta, Maalox or Tums (upset stomach)
- ❑ Antibiotic ointment (wound care)
- ❑ Cortisone cream (insect bites, poison ivy)
- ❑ Benadryl caplets (insect bite, allergy)
- ❑ Caladryl cream (itching)
- ❑ Cough Drops (cough)

Special Instructions
____
____

Medications currently taken by the applicant and any allergic reactions for this applicant must be listed below along with the applicant's doctor's name and phone number.
If Master Guide has own medications, they must be kept and administered by staff.

Medications ____
____
____
Drug Allergies____ Blood Type____________________
Food Allergies ____
Doctor ____ Phone ____
Dentist ____ Phone _____________________________________