

# WELCOME!



Dear Families,

Welcome to the 2020-2021 Adventurer Year for the Miami Temple Messengers Adventurer Club. With so much uncertainty that has surrounded us in the last few months, as Messengers, our goal remains the same; no matter what our situation is, we will tell the world about Jesus! We have adapted an online setting to continue God's work with our kids and families. This year, we will work to honor our community helpers. We want them to know that Jesus loves them and so do we. We'll also work toward keeping our **"Florida Conference Club of the Year"** status as well as participating in virtual and live events.

The Adventurer Ministry is a family ministry and with the purpose of supporting parents in the task of raising children for Jesus Christ. For our virtual classes, we will meet online on Saturdays from 6:00 p.m. to 7:30 p.m. When we can physically meet again, we will meet on Saturdays from 6:00 p.m. to 8:00 p.m. at Miami Temple Church, *except when* noted on the calendar. We first meet in the Youth chapel for worship and then disperse to various classrooms, unless otherwise noted. Snacks are provided each week. You will be asked to contribute food items. If there are any changes to the schedule, we will inform you. At each meeting, your child(ren) will complete the requirements for different awards in their classes. They may have activities which they will need to complete at home as well. If you are unable to attend a meeting, check with your child's counselor to see what they missed, so that they can still earn the awards covered. Club meetings officially begins next week August 22. **Registration forms are due on or before August 29<sup>th</sup>. Adventurers will not be permitted to attend classes until the forms are completed.** The registration fee can be paid as a lump sum of \$80 for the year or in two installments of \$40. The first payment is due on or before September 12<sup>th</sup>. The second is due on January 16<sup>th</sup>. Checks can be made to "Miami Temple Seventh-day Adventist Church". Payments can also be made online at [adventistgiving.org](http://adventistgiving.org).

We would like to work toward continued outreach/partnering efforts. Our Family Network Meetings will help sharpen your parenting skills. You will get to know the parents of the adventurers in the Club also. We look forward to working with you and your child(ren) as we have a fun time getting closer to God.

We will appreciate your prayers and look forward to working with you. Please feel free to contact us with any questions or concerns at: [mtadventurerclub@gmail.com](mailto:mtadventurerclub@gmail.com). God bless you!

Sincerely,

Miami Temple Messengers Staff



# MIAMI TEMPLE MESSENGERS

# CLUB REGISTRATION CHECKLIST








\_\_\_\_\_  
Adventurer Name (Please Print)

\_\_\_\_\_  
Parent (s) Name (Please Print)

Class Level:

- 
 
 
 
 
 

New Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

- Application completed and signed by Adventurer and parent
- Dismissal Authorization signed
- Medical consent forms (2) completed, notarized, and signed
- Photo Release Form signed
- Dues paid
  - Yearly plan \$80 due on or before September 12<sup>th</sup>
  - Two payments of \$40. First payment due on or before September 12<sup>th</sup>.  
Second payment due January 16<sup>th</sup>.
- Patches
  - Florida Conference \_\_\_\_\_ Have \_\_\_\_\_ Need \_\_\_\_\_ Received 
  - Adventurer World \_\_\_\_\_ Have \_\_\_\_\_ Need \_\_\_\_\_ Received 
  - Club Crest Insignia \_\_\_\_\_ Have \_\_\_\_\_ Need \_\_\_\_\_ Received 
  - Insignia Patch \_\_\_\_\_ Have \_\_\_\_\_ Need \_\_\_\_\_ Received 
- Club T-Shirt \_\_\_\_\_ Have \_\_\_\_\_ Need \_\_\_\_\_ Received \_\_\_\_\_ Size
- Uniform
  - Sash: \_\_\_\_\_ Have \_\_\_\_\_ Need \_\_\_\_\_ Received 
  - Slide: \_\_\_\_\_ Have \_\_\_\_\_ Need \_\_\_\_\_ Received 
  - Scarf: \_\_\_\_\_ Have \_\_\_\_\_ Need \_\_\_\_\_ Received 

# MIAMI TEMPLE MESSENGERS



# REGISTRATION FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Gender:  Male  Female      Grade in School: \_\_\_\_\_      Baptized?  Yes  No

Church: \_\_\_\_\_ School: \_\_\_\_\_

### Adventurer Pledge:

Because Jesus loves me I will always do my best.

### Adventurer Law:

Jesus can help me to be obedient, be pure, be true, be kind, be respectful, be attentive, be helpful, be cheerful, be truthful, be reverent.

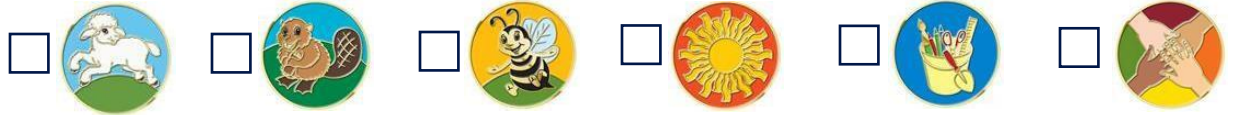
### Applicant Information:

I have been an Adventurer before:  Yes  No

My father is a Master Guide.  Yes  No

My mother is a Master Guide.  Yes  No

### Highest Level of Investiture



### Approval of Parent(s)/Guardian(s)

The applicant is in Pre-K through 4th grade at the time of registration. We have read the Pledge and Law and are willing and desirous that the applicant become an Adventurer. We will assist the applicant in observing the rules of the Adventurer organization. As parents, we understand that the Adventurer Club program is an active one for the applicant. It includes many opportunities for service, adventurer, and fun. We will cooperate by:

1. By learning how we can assist the applicant and his/her leaders.
2. By encouraging the applicant to take an active part in all club activities.
3. By attending events to which parents are invited.
4. By assisting club leaders and by serving as leaders if called upon.

We hereby certify that \_\_\_\_\_ was born on \_\_\_\_\_.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The registration forms are due on or before August 25<sup>th</sup>. Adventurers will not be permitted to attend classes or participate in activities until the forms are submitted.**

# MEDICAL CONSENT FORM

## MIAMI TEMPLE MESSENGERS ADVENTURER CLUB

### ADVENTURER'S INFORMATION

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Member Number/Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Child's Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### FATHER'S INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Office Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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### MOTHER'S INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Office Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

# ADVENTURER MEDICAL HISTORY

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Known Medication Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical History (Major surgeries, chronic illness, asthma, diabetes, hemophilia, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EMERGENCY CONTACT (IN CASE PARENTS ARE UNAVAILABLE)

Name: \_\_\_\_\_ Relationship to Adventurer: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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## CONSENT TO TREAT

I, \_\_\_\_\_ (parent/guardian), give the following consent for emergency medical treatment for the above named minor. This shall be in effect from August 2020 to May 2021.

- Emergency Surgery
- First Aid
- Both Emergency Surgery and First Aid
- Neither Emergency Surgery nor First Aid

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## NOTARY

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or who has

produced \_\_\_\_\_ as identification.

# MEDICAL CONSENT FORM

## MIAMI TEMPLE MESSENGERS ADVENTURER CLUB

### ADVENTURER'S INFORMATION

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Member Number/Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Child's Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### FATHER'S INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Office Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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### MOTHER'S INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Office Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

# ADVENTURER MEDICAL HISTORY

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Known Medication Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical History (Major surgeries, chronic illness, asthma, diabetes, hemophilia, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EMERGENCY CONTACT (IN CASE PARENTS ARE UNAVAILABLE)

Name: \_\_\_\_\_ Relationship to Adventurer: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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## CONSENT TO TREAT

I, \_\_\_\_\_ (parent/guardian), give the following consent for emergency medical treatment for the above named minor. This shall be in effect from August 2020 to May 2021.

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- Both Emergency Surgery and First Aid
- Neither Emergency Surgery nor First Aid

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## NOTARY

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or who has

produced \_\_\_\_\_ as identification.

# DISMISSAL AUTHORIZATION

To ensure each child's safety, Adventurers will be dismissed from club functions only to the authorized family members or guardians which appear on this form.

Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Current Class



Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## Additional Authorized Persons

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PHOTO RELEASE FORM

I \_\_\_\_\_, parent/guardian do hereby voluntarily waive, grant, and release the right to photograph and publish pictures, audio and video of me and/or my child or children (listed below) to the Florida Conference of Seventh-day Adventists. I understand that photographs may be printed, placed on the organization's various websites, or incorporated into promotional material such as brochures or videos.

I hereby waive any claim against the Florida Conference of Seventh-day Adventists for any personal or emotional damage which may arise in connection with the use of the photographs.

I understand that illegal or explicit photographs are NOT authorized under this agreement. Should such a situation arise, it is understood that it is not the result of negligence on the part of the Florida Conference of Seventh-day Adventists. In such a case the violating individual or parties are solely liable and are subject to all local, state, and federal laws.

I understand that by signing this form, I am releasing all recorded images and audios for the express use of the Florida Conference of Seventh-day Adventists. Neither my child nor I will receive any compensation for this now or at any time in the future. I further certify that I am the parent or guardian of the child and am over 18 years of age. I understand that the Florida Conference of Seventh-day Adventists and the photographer(s) will hold the copyright to all photographs.

Should I desire a copy of one or more photographs, videos or audios, I will make a request to the appropriate person verbally or in writing.

**MINOR CHILD'S/CHILDREN'S NAME:** (please print)

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



# VIRTUAL GROUP AGREEMENT

As the parent or legal guardian of the MT Adventurer indicated on the form, I grant permission for Miami Temple Adventurer Club to engage my child in the use of video and audio conferencing with the Miami Temple Adventurer Club. These small groups are comprised of the Adventurers that would normally be included in their live discussions at Miami Temple SDA Church. These groups will be supervised and managed by their screened and trained club leaders/counselors.

## MT ADVENTURER CLUB COMMUNICATIONS AGREEMENT

As the parent or legal guardian of the student indicated on the form, I grant permission for Miami Temple Adventurer Club to engage my child and myself through text messaging at the number provided on their intake form. These text messages will be for the purpose of sharing Adventurer Club content. This service is optional, and text messaging rates may apply—those are not the responsibility of Miami Temple SDA Church.

My student has permission to participate in Miami Temple Virtual Adventurer Club.

Yes

No

I consent to receive text messages from the Miami Temple Adventurer Club as needed for my child.

Yes

No

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Club Member's Name

\_\_\_\_\_  
Parent's Email

Male       Female

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Parent's Mobile Phone

\_\_\_\_\_  
Parent's Signature

