TEMPLE SALEM
Little Lamb Adventurers Club
MEMBERSHIP APPLICATION
CAO

2024-2025

Date



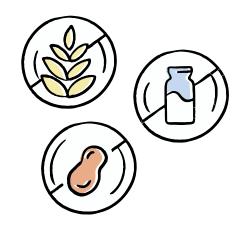
Signature of parent/guardian

\_\_\_\_\_\_ Birth date \_\_\_\_\_\_ **Age**\_\_\_\_ Grade: \_\_\_\_\_ Child's name Parent/guardian name(s) Address State/Prov. Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Parent/guardian email \_\_\_\_\_ Church School **New to the Club?** Yes No Check level(s) the child has completed: ☐ Little Lamb. ♠ ☐ Eager Beaver ♠ ☐ Busy Bee ☐ Helping Hands Sunbeam 6 ■ Builder Pledge Because Jesus loves me, I will always do my best. Law Jesus can help me to: Be obedient, Be pure, Be true, Be kind, Be respectful, Be attentive, Be helpful, Be cheerful, Be thoughtful, Be reverent. **Applicant Commitment** \_\_\_\_\_, want to join the \_\_**Temple Salem "Little Lamb Club"**\_\_\_. I will attend meetings, 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, and courteous. Signature of Adventurer Parent/Guardian Commitment As parent/guardian, I understand that the Adventurer Club is active and includes many opportunities for service, adventure, fun, and learning. I will support the program by: 1. Encouraging my Adventurer to take an active part in all club meetings and functions. **2.** Attending events in support of my Adventurer. **3.** Assisting club leaders by serving as a helper when needed. **4.** Not holding any individual club staff member liable in the event of an accidental injury. 5. Giving my permission for the above named Adventurer to attend Adventurer activities.

## **TEMPLE SALEM**







## Food Allergy Form

Child Name	<del></del>
[check one box below]	
☐ My child does not have any	food allergies
<ul><li>☐ My child has food allergies</li><li>-Please list the food allergies:</li></ul>	
Date	Signature ofparent/guardian