



Welcome to the 2009-2010 Little Lights Adventurer Club year! We look forward to having you as part of our club.

### Registration

Please complete the attached registration packet no later than Sabbath, September 12, 2009, and return to Sherri Dovich in person, or by mail to 162 Haggetts Pond Road, Andover, MA 01810. The registration packet includes::

- 2009-2010 Adventurer Club Calendar
- Registration form
- Health and Medical release form
- Finance payment plan form
- Uniform information and order forms
- Adventurer Staff/Volunteer information sheet if you wish to volunteer

### NEW THIS YEAR - Kids Christmas program *Christmas Hang Ups*

This year, the Adventurers and Pathfinders will combine their efforts and present the Kids Christmas program on December 12<sup>th</sup>. Practice will be the last 30 minutes of each Adventurer meeting. A listening CD and words will be provided for practice.

### Volunteers needed for

Cooking  
Donating food  
Devotionals  
Presenting an award, story or discussion  
Guest instructor  
Bike Rodeo stations  
Christmas party  
Photography  
Fitness fun night stations

### Equipment you'll need for Spring Escape

Family tent  
Sleeping bags  
Sleeping pads  
Camp chairs or stools  
Table for meals  
Clothing and toiletry item list to be provided at a later date

### Questions??

If you have any questions or concerns, please let me know by e-mail, phone or in-person.

Sherri Dovich  
Little Lights Adventurer Club Director  
Merrimack Valley Seventh-day Adventist Church  
978-807-7628  
sherri.dovich@gmail.com

**Little Lights Adventurer Club  
2009-2010 Calendar of Events**

**August**

29 & 30 - Camping @ DaSilvas  
31 – Yankee Candle Fundraiser Begins (thru Sept 11)

**September**

11 – Yankee Candle Fundraiser Ends  
12 – Inventory supplies (staff only)  
19 – 2:30 p.m. meeting, dress uniform, staff meeting  
Fall Fun Day (time and place to be announced)

**October**

3 – 2:30 p.m. meeting, dress uniform  
17 – 2:30 p.m. meeting, field uniform, staff meeting  
24 – 9 a.m. – 1:00 p.m. Adventurer Sabbath/Induction

**November**

7 – 2:30 p.m. meeting, dress uniform  
14 – Swimming (time and place to be announced)  
21 – 2:30 p.m. meeting, field uniform, staff meeting

**December**

5 – 2:30 p.m. meeting, dress uniform  
6 - Christmas party (time to be announced)  
12 – 9 a.m. – 1 p.m. Kids Christmas Program  
19 – 2:30 p.m. meeting, field uniform, staff meeting

**January**

2 – 2:30 p.m. meeting, dress uniform  
16 – 5:00 p.m. Fitness Fun Night, field uniform

**February**

6– 2:30 p.m. meeting, dress uniform  
7 - February outing (time and place to be announced)  
20 – 2:30 p.m. meeting, field uniform, staff meeting

**March**

6 – 2:30 p.m. meeting, dress uniform  
20 – 2:30 p.m. meeting, field uniform, staff meeting  
27 – Swimming (time and place to be announced)

**April**

3 – 2:30 p.m. meeting, dress uniform  
17 – 2:30 p.m. meeting, field uniform, staff meeting  
18 – 10 a.m. – 2 p.m. Bike Rodeo

**May**

1 – 2:30 p.m. meeting, dress uniform  
15 – 2:30 p.m. meeting, field uniform, staff meeting  
29 – 11 a.m. – 1 p.m. Investiture

**June**

Spring Escape (time and place to be announced)

***Please take a moment to mark these dates and times on your calendar.***

# Southern New England Conference



## Adventurer Club Member Application

I would like to join the \_\_\_\_\_ Adventurer Club. I will attend meetings, hikes, camping and field trips, missionary adventures and other club activities. I agree to be guided by the rules of the club and the Adventurer Pledge & Law.

### Pledge

Because Jesus loves me,  
I can always do my part.

### Law

Be obedient.  
Be pure.  
Be true.  
Be kind.  
Be respectful.

Be attentive.  
Be helpful.  
Be cheerful.  
Be thoughtful.  
Be reverent.

*Parent/Guardian*  
email:

Please print legibly:

Name:	Phone:	Last AJY Level Completed:
Address:		Age:
		Grade:
School:	Church:	Pastor:
I have been an Adventurer before: Yes No (Circle one) If yes, where?		
Adventurer Signature:	Dues:	
Date:	Total Paid:	

### Parent/Guardian Approval:

The applicant is \_\_\_\_\_ Years of age at this time. We have read the Pledge & Law and are willing and desirous that the applicant become an Adventurer. We will assist the applicant in observing the rules of the Adventurer Club. In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club or the Southern New England Conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Adventurer Club. As parents, we understand that the Adventurer Club program is an active one for the applicant. It includes many opportunities for service, adventure and fun. We will cooperate:

1. By learning how we can assist the applicant and the club 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 assistants when called upon.
5. By purchasing Adventurer Club insurance through the club.

Parent/Guardian Signature:	Date:	Printed Name:
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# Adventurer Health Record & Consent to Treatment



Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City, State, Zip

Birth Date     /     /     Social Security # \_\_\_\_\_  
Mo Day Yr

Date of last Tetanus Booster     /     /      
Mo Day Yr

List all Allergies to drugs, food, other:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List current medications or pertinent medical information:  
 \_\_\_\_\_  
 \_\_\_\_\_

List any restrictions on activities, etc:  
 \_\_\_\_\_  
 \_\_\_\_\_

Names of Parents/Legal Guardians \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_ Parent/Guardian Other Phone \_\_\_\_\_

Emergency Name & Phone (friend/relative) \_\_\_\_\_  
Name Phone Relationship to child

Family Physician Name \_\_\_\_\_

Family Physician Address \_\_\_\_\_  
Street Address City, State, Zip

Family Physician Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
(Please attach photocopy of insurance card.)

## Authorization for Medical Treatment of a Minor:

I (we) the undersigned parent(s) or legal guardian of \_\_\_\_\_  
Name of Minor

hereby give permission to the physician selected by the club director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child in the event it becomes necessary in an emergency. As parent/legal guardian, I am in favor of my child attending/participating in Adventurer events and accept the conditions named herein. This health history stated is correct so far as I know, and my child my has permission to engage in all prescribed club activities except as noted above. In addition, I have read and understand this Emergency Authorization statement and give my full consent to the terms found therein. Permission for photocopying of this health record is granted and a photocopy shall be as valid as the original.

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

\_\_\_\_\_ Signature of Witness

NOTE: This completed form is to be kept on file at the local Adventurer Club. A copy must be brought on every Adventurer outing or trip.

**Merrimack Valley Little Lights Adventurer Club  
Financial Options & Registration information  
For the year 2009-2010**

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

- \* This form is used to calculate the 2009-2010 Adventurer club cost for your family.
- \* Registration and dues are used to pay for craft material and club activities.
- \* Dues are payable even if the Adventurer is unable to attend a meeting
- \* Fund Raising goal is \$20 profit per Adventurer. This can be met either by family contribution or by participating in a Fund Raising project.
- \* Does not include uniform, T-shirt, or camping equipment costs

Description	Date	# of Adventurers	# of Staff	# of Parents	# of Other	Total #	\$ per	Total \$
<b>Required:</b>								
Registration							\$ 28.00	
Insurance							\$ 6.00	
Dues							\$ 36.00	
<b>Optional:</b> (may be included in payment plan or paid as the events occur)								
Fall Fun Day	TBD						\$ 10.00	
Field Trip	Feb-Apr 2010						\$ 10.00	
Spring Escape	June 2010						\$ 40.00	
Fund Raising							\$ 20.00	
<b>Total</b>								

**Payment Options: Cash or Check made payable to Merrimack Valley SDA Church**

Pay total amount today	
Pay half today and the other half in January 2010	
Pay 9 monthly payments (Sept - May)	
Other _____	