REVISED 9/4/26



# ADVENTURE CLUB REGISTRATION 26/27

**Cubbies** — Age 3 by Sept 1, potty trained

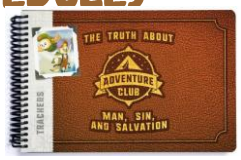
**Scouts** — Grades K, 1st & 2nd

**Trailblazers** — Grades 3rd, 4th & 5th

## WEDNESDAYS FROM 6PM TO 7:30PM; OCT. 7 – APR. 28 (SEE SCHEDULE)



$60 PER CHILD PER YEAR AND INCLUDES ANNUAL FEE, CURRENT CLUB BOOK, TRADING PINS, ACTIVITIES, SNACKS, PRIZES, AWARDS, AND MORE.
*(NOTE: SATCHELS ARE RECEIVED THE FIRST YEAR ONLY)* JOIN THE ADVENTURE!
Make checks out to Skyline Baptist Church & write child's name & "Adventure Club" on memo line.




☐ Returning Clubber OR ☐ New to Adventure Club Child's First and Last Name: _____
Age: _____ DOB: ___/__/____ Grade (Fall 2026)_____ CIRCLE ONE: boy or girl
**CLUB:** ☐ Cubbies (3to5 yrs/potty-trained) ☐ Scouts (K-2nd grade) ☐ Trailblazers (3rd -5th grade)
☐ No Allergies or concerns ☐ Yes, Allergies and/or concerns ~ Please explain: _____
_____

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_____

## Parent/Guardian Information: *please print clearly*

**Name(s) (first & last)** _____ **Home church:** _____
**Full mailing address:** _____
**Best phone # to reach you during Adventure Club :** _____ **home cell work** *(circle one)*
**Email** _____ **I'm considering volunteering but need more information: Yes No**
**Name & number of someone else to contact if we can't reach you** _____

***PLEASE NOTE: Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son/daughter is on a church related activity.***

Do you have health insurance? ☐ YES ☐ NO If yes, NAME _____ POLICY # _____
ADDRESS_____

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by a Skyline Church representative to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

**LIABILITY RELEASE** *Signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in Adventure Club activities, and also agrees not to hold Skyline, or its members liable for damages, losses, illnesses, or injuries to the person or property under-signed. The parent/guardian understand that they are signing for the minor(s) listed on this form and the signature is for both a medical and liability release. In addition, the parent/guardian hereby authorizes Skyline to use, reproduce, distribute, and display their child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the church.*

_____

*Parent or Guardian's Signature* (valid October 7, 2026 – April 28, 2027)

Wave Kids — SKYLINE CHILDREN'S MINISTRY BIRTH THRU 5TH GRADE

For more info: Text or email Loy: 360-607-0022 loy@sbcnb.