PATHFINDER CLUB MEMBERS APPLICATION

Name: _____

Club Name: _____

Date: _____

I would like to join the _____ Pathfinder Club. I will attend club meetings, hikes, camping, field trips and other club activities. I agree to be guided by the ruls of the club and the Pathfinder Pledge and Law.

Pathfinder Signature: _____

PATHFINDER PLEDGE: By the grace of God, I will be pure, kind & true. I will keep the Pathfinder Law. I will be a servant to God and a friend to man.

PATHFINDER LAW:

1. Keep the morning watch
2. Do my honest part
3. Care for my body
4. Keep a level eye
5. Be courteous and obedient
6. Walk softly in the sanctuary
7. Keep a song in my heart
8. Go on God's errands

PATHFINDER NAME:				PATHFINDER UNIT:
ADDRESS:				PHONE NUMBER
CITY:	STATE:	ZIP CODE:		EMAIL:
SCHOOL:		GRADE:	GRADE:	HOME CHURCH:
FATHER:		CELL PHONE NUMBER:		EMAIL:
MOTHER:		CELL PHONE NUMBER:		EMAIL:
I HAVE BEEN A PATHFINDER BEFORE: ☐ YES ☐ NO		IF SO, WHERE:		
FATHER IS A MASTER GUIDE: ☐ YES ☐ NO	MOTHER HAS BEEN A PATHFINDER: ☐ YES ☐ NO		MOTHER IS A MASTER GUIDE: ☐ YES ☐ NO	MOTHER HAS BEEN A PATHFINDER: ☐ YES ☐ NO

Registration Fee: $ _____

Blue Club T-shirt $ $ _____

Sweatshirt $ _____

Annual Dues $ _____

AMOUNT DUE: $ _____

Approval of Parent and/or Guardian

We have read the Pathfinder Pledge and Law. We will assist the applicant in observing the rules of the Pathfinder organization. In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club of the Alsaka Conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Pathfinder Club.

As parents, we understand that Pathfinder Club 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 club leaders.*
2. *by encouraging the applicant to take an active part in all activities.*
3. *by attending club events which parents are invited and/or needed.*
4. *by assisting club leaders and by serving as leaders if called upon.*
5. *by keeping <u>all electronic devices at home</u> . (Please call club directors in an emergency.)*
6. *Dues consist of $10.00 per month, per Pathfinder, the month the club begins activities.*

I/we hereby allow for Pathfinder staff only to provide transportation for our Pathfinder(s) to and from official camping trips, community service events and Pathfinder club events. We understand and believe that a Pathfinder will never be alone with a Pathfinder staff member unless we consent either in writing or telephonically prior to the staff member providing transportation to our child/ren. I/We further understand that we are responsible for providing trnasportation for our Pathfinder to the designated club meeting place and back to our home unless other arrangements are made and agreed upon ahead of time.

PRINTED NAME OF PARENT AND/OR GUARDIAN

DATE OF REGISTRATION

SIGNATURE OF PARENT AND/OR GUARDIAN

SIGNATURE OF CLUB DIRECTOR OR DESIGNATED STAFF MEMBER

PATHFINDER HEALTH RECORD

PLEASE ATTACH A COPY OF THE PATHFINDER'S MOST RECENT PHYSICAL

PATHFINDER NAME:	
DATE OF BIRTH	SOCIAL SECURITY NUMBER:
DATE OF LAST TETANUS BOOSTER:	PHYSICAN NAME & PHONE NUMBER

ALLERGIES TO DRUGS/FOODS:
SPECIAL MEDICATIONS OR APPLICABLE INFORMATION:
LIST OF RESTRICTIONS:

FATHER'S CELL PHONE:	FATHER'S WORK PHONE:
MOTHER'S CELL PHONE:	MOTHER'S WORK PHONE:
EMERGENCY CONTACT NAME (FRIEND OR RELATIVE)	EMERGENCY CONTACT CELL PHONE NUMBER

PHYSICAN'S NAME:	PHONE NUMBER:
PHYSICAN'S ADDRESS:	CITY, STATE & ZIP CODE:
INSURANCE COMPANY:	POLICY NUMBER:

Authorization to Treat a Minor

I/We the undersigned parent(s) or legal guardian of _____, in case of emergency hereby give permission to the physician selected by the club directors to hospitalize, secure proper treatment for, and to order inject, anesthesia or surgery for my child.

As parent or legal guardian, I am in favor of him/her attending club functions and accept the conditions named. The health history stated is correct so far as I know and the person herein described has permission to engage in all prescribed club activities except as noted. In addition, I have read and understand the Authorization to Treat A Minor statement and give my full consent to the terms found therein. Permission for photo copying of this health record is granted.

SIGNATURE OF PARENT AND/OR GUARDIAN	PRINTED NAME OF PARENT AND/OR GUARDIAN	DATE