

Pathfinder Family Registration

Pathfinder Pledge

By the grace of God
I will be pure, kind and true
I will keep the Pathfinder Law
I will be a servant of God
And a friend to man

Pathfinder Law

Keep the Morning Watch
Do my honest part
Care for my body
Keep a level eye
Be courteous and obedient
Walk softly in the sanctuary
Keep a song in my heart
Go on God's errands



This form is to be completed for each club member and signed by each Pathfinder. The information will be used to create each person's online profile.

DO NOT SEND THIS FORM to the conference office. Please submit it to the Director who will file it in a secure club file. **PLEASE PRINT LEGIBLY**

** Pathfinder #1**	*P.F. Name _____ *Birth date _____ Age _____ *Gender ☐ MALE ☐ FEMALE
	*Shirt size: (check one) ☐ Youth M ☐ Youth L ☐ Youth XL ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Other _____
	Phone _____ Email _____
	*Mailing Address: (include street address, city, state, zip) _____
	Church _____ *Pathfinder Class _____
	*School: (check one) ☐ Home School ... ☐ SDA School (add name) _____ ☐ Christian School ☐ Public School
	*School Grade _____ Is the Pathfinder Baptized? (circle one) YES NO Has this Pathfinder been a TLT (circle one) YES NO
	*Check class(es) this Pathfinder has been invested in: ☐ Friend ☐ Companion ☐ Explorer ☐ Ranger ☐ Voyager ☐ Guide ☐ Other _____
I would like to join the _____ Pathfinder Club . I will attend club 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 Pathfinder Pledge and Law. ☐ I have read and signed the GCC Pathfinder Ministries Expectations.	
*Signature of Pathfinder : _____	

**** Additional Pathfinders in the same family, may be added on the back of this form.**

Custodial Parent/guardian	*Relation to the Child _____
	*Adult #1 Name _____ *Best phone number to use in case of emergency _____
	*Home Phone: _____ *Cell Phone _____ Work Phone _____
	*Email: _____ *Home Church _____
	*Gender ☐ MALE ☐ FEMALE *Title or role in the Club _____ Parent only _____
	*Shirt Size (adult sizes) _____ *Birthdate _____
	*How many years have you been involved in Pathfinders? _____
	Have you completed the background check with Sterling Volunteers within the past 3 years? _____

Other adult	*Relation to the Child _____ *Adult #2 Name _____
	*Home Phone: _____ *Cell Phone _____ Work Phone _____
	*Email: _____ *Home Church _____
	*Gender ☐ MALE ☐ FEMALE *Title or role in the Club _____ Parent only _____
	*Shirt Size (adult sizes) _____ *Birthdate _____
	*How many years have you been involved in Pathfinders? _____
	Have you completed the background check with Sterling Volunteers within the past 3 years? _____
	Address if different from the child _____

***Required information**

Pathfinder #2

*P.F. Name _____ *Birth date _____ Age _____ *Gender ☐ MALE ☐ FEMALE

*Shirt size: (check one) ☐ Youth M ☐ Youth L ☐ Youth XL ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Other _____

Phone _____ Email _____

*Mailing Address: (include street address, city, state, zip) _____

Church _____ *Pathfinder Class _____

*School: (check one) ☐ Home School ... ☐ SDA School (add name) _____ ☐ Christian School ☐ Public School

*School Grade _____ Is the Pathfinder Baptized? (circle one) YES NO Has this Pathfinder been a TLT (circle one) YES NO

*Check class(es) this Pathfinder has been invested in:

☐ Friend ☐ Companion ☐ Explorer ☐ Ranger ☐ Voyager ☐ Guide ☐ Other _____

I would like to join the _____ **Pathfinder Club**. I will attend club 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 Pathfinder Pledge and Law.

☐ I have read and signed the GCC Pathfinder Ministries Expectations.

***Signature of Pathfinder :** _____

Pathfinder #3

*P.F. Name _____ *Birth date _____ Age _____ *Gender ☐ MALE ☐ FEMALE

*Shirt size: (check one) ☐ Youth M ☐ Youth L ☐ Youth XL ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Other _____

Phone _____ Email _____

*Mailing Address: (include street address, city, state, zip) _____

Church _____ *Pathfinder Class _____

*School: (check one) ☐ Home School ... ☐ SDA School (add name) _____ ☐ Christian School ☐ Public School

*School Grade _____ Is the Pathfinder Baptized? (circle one) YES NO Has this Pathfinder been a TLT (circle one) YES NO

*Check class(es) this Pathfinder has been invested in:

☐ Friend ☐ Companion ☐ Explorer ☐ Ranger ☐ Voyager ☐ Guide ☐ Other _____

I would like to join the _____ **Pathfinder Club**. I will attend club 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 Pathfinder Pledge and Law.

☐ I have read and signed the GCC Pathfinder Ministries Expectations.

***Signature of Pathfinder :** _____

*Required information

Parent/Guardian Commitment

The Pathfinder applicants are in at least the 5th grade. We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant(s) become Pathfinder(s). We will assist the applicant(s) 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 or the Georgia-Cumberland 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 the Pathfinder Club program is an active one for the applicant(s). It includes many opportunities for service, adventure, and fun. We will cooperate:

1. By learning how we can assist the applicant(s) and the leaders.
2. By encouraging the applicant(s) to take an active part in all activities.
3. By attending events to which parents are invited.
4. By assisting club leaders and by serving as leaders if called upon.
5. By supplying needed information on the Membership Application(s) as well as Health and Medical Form(s).
6. By making sure the applicant(s) is/are present and on time to all functions.

☐ I have completed the **Pathfinder Health and Medical form for EACH Pathfinder registered** and state that the said children are physically and medically able to participate in the club activities. In the event of an accident, if staff or representatives are unable to contact the undersigned, I hereby grant permission for said staff or representative to administer first aid and/or to take the applicant to a medical facility for treatment.

☐ I have read and signed the GCC Pathfinder Ministries Expectations.

Parent (or Guardian) signature: _____ Date: _____

Father's Name (print) _____ Mother's Name (print) _____