

Pathfinder Club Membership Application

Year: _____

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.

Pathfinder Signature: _____



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

Name _____ Date of Birth: _____

Phone _____ Pathfinder's Email _____

Street Address _____

Mailing Address _____ City _____ State _____ Zip _____

School _____ Grade _____

Church _____ Baptized No Yes (If yes, what year _____)

School Related Programs (Choir, Band, etc.) _____

Approval by Parents or Guardians

The applicant is in at least the 5th grade as a Junior Pathfinder, or the 7th grade as a Teen Pathfinder.

We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant become a Pathfinder. 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 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. It includes many opportunities for service, adventure, and fun. We will cooperate:

1. By learning how we can assist the applicant and his leaders.
2. By encouraging the applicant 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 and Health Record.
6. By making sure the applicant is present and on time to all functions.

Parent (or Guardian) signature: _____ Date: _____

Father's Name (print) *Home Phone* *Cell Phone* *Work Phone* *Email (print)*

Mother's Name (print) *Home Phone* *Cell Phone* *Work Phone* *Email (print)*

Name: _____

The following information will be used for all club activities for the 2011-2012 Pathfinder year.

Please note on the event permission form if there are any changes from this information.

All events will be sponsored by the Georgia-Cumberland Conference and/or the _____ SDA Church, _____, _____. I do hereby state that said child is physically and medically able to participate in the club activities. I do hereby release and discharge the _____ SDA Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in behalf of said minor and/or myself against the _____ SDA Church, representatives, or staff. Furthermore, in the event of an accident, if said staff or representatives are unable to contact the undersigned, I hereby grant permission to said staff or representative to administer first aid, and/or to take the applicant to a medical facility for treatment.

Signed _____

Printed Name _____

Relationship to applicant _____

Please check any OTC (over the counter) meds that the staff is allowed to give the Pathfinder.

- | | |
|---|--|
| <input type="checkbox"/> Ibuprofen (headache or pain) | <input type="checkbox"/> Antibiotic ointment (wound care) |
| <input type="checkbox"/> Acetaminophen (as needed headache or pain) | <input type="checkbox"/> Charcoal tabs (upset stomach) |
| <input type="checkbox"/> Motrin (muscle pain) | <input type="checkbox"/> Benadryl caplets (insect bite, allergy) |
| <input type="checkbox"/> Loperamide Hydrochloride 2 mg (diarrhea) | <input type="checkbox"/> Caladryl cream (itching) |
| <input type="checkbox"/> Visine or clear eye drops (itching eyes) | <input type="checkbox"/> Cough Drops (cough) |
| <input type="checkbox"/> Mylanta, Maalox or Tums (upset stomach) | |

Special Instructions _____

Medications currently taken by the applicant and any allergic reactions for this applicant must be listed below along with the applicant's doctor's name and phone number.

If Pathfinder has own medications they must be kept and administered by staff.

Medications _____

Allergies _____

Doctor _____

Phone _____

Dentist _____

Phone _____