

# Pathfinder Club Membership Application



I would like to join PARADISE SEVENTH DAY ADVENTIST 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

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

## AY Class (Check One)

- Friends
- Companion
- Explorer
- Ranger
- Voyager
- Guide

Child's Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

\*Email Address \_\_\_\_\_

Church \_\_\_\_\_ School \_\_\_\_\_ \*Grade \_\_\_\_\_

\*Emergency phone (friend or relative) \_\_\_\_\_

	Name	Cell Phone	Relationship to Child
I have been a Pathfinder:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where? _____	
My dad is a Master Guide:	<input type="checkbox"/> Yes <input type="checkbox"/> No	My dad has been a Pathfinder:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My mother is a Master Guide:	<input type="checkbox"/> Yes <input type="checkbox"/> No	My mother has been a Pathfinder:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## APPROVAL/CONSENT OF PARENT/GUARDIAN

The applicant must be in at least the 5th grade as a Junior Pathfinder, or age 13 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 PARADISE SEVENTH DAY ADVENTIST PATHFINDER CLUB or the NEVADA UTAH 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 purchasing Pathfinder insurance through the club treasurer.
6. By supplying needed information on the Membership Application and Health Record.

We hereby certify that \_\_\_\_\_ was born on \_\_\_\_\_

*Applicant's Name*

*Month/Day/Year*

Signature of Father/Guardian \_\_\_\_\_ Signature of Mother/Guardian \_\_\_\_\_

# Pathfinder Health Record



Child's Name \_\_\_\_\_ DOB (mm/dd/yy) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Date of Last Tetanus Booster \_\_\_\_\_

• ALLERGIES TO DRUGS OR FOODS (If none please write "none")

• ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION (If none please write "none")

• LIST ANY RESTRICTIONS (If none please write "none")

TELEPHONE NUMBERS WHERE PARENTS MAY BE REACHED: (If same as above, just write "same as above")

Father \_\_\_\_\_  
*Name* *Cell Phone* *Home Phone*

Mother \_\_\_\_\_  
*Name* *Cell Phone* *Home Phone*

Emergency phone (friend or relative) \_\_\_\_\_  
*Name* *Cell Phone* *Relationship to Child*

Family Physician Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Physician's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy #/Group # \_\_\_\_\_

## AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent, parents or legal guardian of: \_\_\_\_\_  
*Name of Pathfinder*

In case of emergency, I hereby give permission to the physician selected by the club directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

As parent or legal guardian of the applicant, 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 Emergency Authorization statement and give my full consent to the terms found therein. Permission for photocopying of this health record is granted.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*