



Pathfinder Application for Club Membership

I would like to join the _____ Pathfinder Club. It is my commitment that 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 Name & Signature: _____

Pathfinder Pledge

By the grace of God,

1. I will be pure, kind and true
2. I will keep the Pathfinder Law
3. I will be a servant of God
4. 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.

Registration Fee: \$ _____		Club Dues: \$ _____		Insurance: \$ _____ if applicable	
Name	_____	Date of Birth	_____		
Address	_____	Apt./Unit	_____		
City	_____	State, Zip	_____		
School	_____	Grade	_____		
Church	_____	AY Class	_____		
Parent's E-mail	_____				
Home Phone:	_____	Cell Phone:	_____		

I have been a Pathfinder: No Yes Where: _____

My father has been/is a Master Guide No Yes My father has been a Pathfinder: No Yes

My mother has been/is a Master Guide No Yes My mother has been a Pathfinder: No Yes

Approval by Parents or Guardian

The applicant is at least 10 years of age or in the 5th grade as a Junior Pathfinder, or in grade 7 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 Allegheny East Conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Pathfinder club.

As the parents or guardians, 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 _____
Pathfinder Name **Birth Date**

Signature of father or guardian Father or guardian's occupation

Signature of mother or guardian Mother or guardian's occupation

Date Date

White Copy-Local Club ♦ Yellow Copy-Area Coordinator ♦ Pink Copy-Pathfinder Parent/Guardian

Pathfinder Health Record



(Please attach a copy of insurance card)

Name _____

Birth Date _____

Insurance No. _____

Date of last Tetanus Booster _____

Allergies to drugs or food _____

Special medications or
pertinent information _____

List any restrictions _____

	Home Phone	Cell Phone	Work Phone
Father			
Mother			
Other Adult			

Physician _____

Address _____

Phone _____

Insurance Co. _____

Policy Number _____

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 names. 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.

Date

Parent / Guardian signature

This form must be completed and signed annually or if any information has changed during the year.

THIS FORM MUST BE NOTARIZED



Image Release Form

For no compensation, I hereby consent and authorize the Allegheny East Conference Corporation of Seventh-day Adventists ("AECC"), or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Allegheny East Conference of Seventh-day Adventists from all liability in connection with such uses.

Dated this _____ day of _____, 20_____.

(Please print name)

(Please sign name)

Street Address

City, State, Postal Code

Telephone Number

Witness:

Additional Minor Family Members
To Whom This Release Applies:

(Please print name)

(Please sign name)