

PATHFINDER MEMBERSHIP APPLICATION

PLEDGE

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

(Please check one that applies)

I wish to:
 Apply for membership
 Renew my membership
 Transfer my membership
from _____

LAW

Keep the morning watch
Do my honest best
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

Personal Information

Name _____ Age _____ Birthdate _____
Address _____ Male _____ Female _____
City _____ State _____ Zip Code _____
Phone Number _____ Grade in School _____ Baptized? Yes _____ No _____
Name of Church _____

Check all level(s) you have completed:

E-TRACKER: Friend Companion Explorer Ranger
VARSITY: Voyager Guide Pioneer Navigator

APPLICANT'S COMMITMENT: I agree to be guided by the rules of the Club and the Pathfinder Pledge and Law, and I will attend Club meetings, campouts, and other Club outings and activities.

Signature of Pathfinder: _____ Date: _____

Family History

Father: Name: _____ Email: _____
Phone #: _____ Seventh-day Adventist? Yes _____ No _____ Church: _____
Has he worked with Pathfinders before? Yes _____ No _____ Master Guide? Yes _____ No _____

Mother: Name: _____ Email: _____
Phone #: _____ Seventh-day Adventist? Yes _____ No _____ Church: _____
Has she worked with Pathfinders before? Yes _____ No _____ Master Guide? Yes _____ No _____

PARENT OR GUARDIAN APPROVAL: We hereby verify the applicant is in at least fifth grade. We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant becomes a Pathfinder. We will assist the applicant in observing the rules and guidelines of the Pathfinder organization. As parents (or guardians), we understand that the Pathfinder Club program is an active one for the applicant. It includes many opportunities for service, adventure, discipleship training, and fun. We will cooperate:

- 1. By learning how we can assist the applicant and his/her leaders.
- 2. By encouraging the applicant to take an active part in all Club activities.
- 3. By attending event to which parents are invited.
- 4. By assisting Club leaders and by serving as leaders if called upon.

Parent/Guardian Signature: _____ Date: _____

CLUB USE ONLY

Membership Application completed Uniform Arrangements Made
 Health & Medical Records Dues Paid

Inducted into Full Membership on: _____

Signature of Club Director: _____ Date: _____

MEDICAL CONSENT

In these days of lawsuits, medical consent forms are a necessity for every outing. The basic idea of the form is that it gives parental authorization for a doctor to treat a minor. It also provides information on where the parents and family doctor can be located.

The consent form provides protection for the doctor, the child, and the Club director.

1. TheDoctor - a doctor who would give medical assistance to a child without the parents' knowledge, would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent form may be enough to persuade a doctor that the parents are unlikely to sue. (Many young people have been given medical aid at a remote hospital or office after the leader produced a consent form. Other times the form has not helped at all).
2. TheChild - leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form could severely reduce that chance.
3. TheDirector - if a child is injured and unable to get proper medical care because the director did not bother to require medical consent forms, that director could certainly be a target for a liability suit.

Note:

Medical consent forms may be dated in such a way that they are suitable for the whole year. This has the obvious advantage of saving a lot of work in collecting new forms for each outing. There are two disadvantages to year-long consent forms. First, a form signed several months ago will not be as impressive to a doctor as one signed yesterday. Secondly, the form won't have current information on the location of the parents. They may be out of town the weekend of the particular outing on which their child is injured. Use your judgment.

Local Club Use Only

MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name _____ Birthdate _____ Sex _____

Cell Phone # _____ Phone # _____

Address _____ City _____ State ____ Zip _____

Medical insurance _____ Policy # _____

Father's Name _____ Home Phone _____

Cell Phone _____ Office Phone _____

Address _____ City _____ State ____ Zip _____

Medical insurance _____ Policy # _____

Mother's Name _____ Home Phone _____

Cell Phone _____ Office Phone _____

Address City _____ State ____ Zip _____

Medical insurance _____ Policy # _____

Physician's Name _____ Phone _____

MEDICAL HISTORY

Weight _____ Height _____ Last Tetanus shot _____

Food allergies _____

Medication allergies _____

Medications receiving now _____

Medical history (i.e., recent surgery, diabetic, chronic illness) _____

Person to notify in case of accident or illness if parents are not available

Name _____ Phone # _____

Relationship to child: _____

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above-named child. Effective from date of _____ to _____.

Emergency Surgery

First Aid

Both of the above

None of the above

(One of the types of treatment must be marked.)

ALL MEDICAL CONSENTS MUST BE NOTARIZED

Signature of Parent/Guardian _____

Subscribed and acknowledged before me this _____ day of _____, _____

by _____, who is personally known to me or who has

produced _____ as identification.

(Notarial Seal) Notary _____ Public signature, State of Florida