

Pathfinder Club Membership Application

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.

Registration Fee \$ _____
Club Dues \$ _____
Insurance \$ _____

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



Name _____ Phone _____ AY Class _____

Address _____ City _____ State _____ Zip _____

School _____ Grade _____ Church _____

I have been a Pathfinder: Yes No Where? _____
My dad is a Master Guide: Yes No My dad has been a Pathfinder: Yes No
My mother is a Master Guide: Yes No My mother has been a Pathfinder: Yes No

Approval by Parents or Guardians

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 club or the _____ 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 or guardian _____ Father's or guardian's occupation _____

Signature of mother or guardian _____ Mother's or guardian's occupation _____

Date of application _____

Pathfinder Health Record



Name _____

Birth Date _____

Social Security Number _____

Date of last Tetanus Booster _____

Allergies to drugs or food:

Special medications or pertinent information:

List of restrictions:

Father's Home Phone _____ Father's Work Phone _____

Mother's Home Phone _____ Mother's Work Phone _____

Emergency Phone (friend or relative) _____

Family Physician Name _____

Family Physician Address _____

Family Physician Phone _____

Insurance Company _____

Insurance 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 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 photo copying of this health record is granted.

Date *Parent/Guardian Signature*

This section is for the notary to sign if your state requires it.

Pathfinder Health Records are available through AdventSource, Lincoln, NE 68506

Pathfinder/Adventurer Photo Release
Kentucky-Tennessee Conference of Seventh-day Adventists

I, _____, the parent or guardian
(Print)

do hereby voluntarily waive, grant, and release the right to photograph and publish pictures, audio and video *of me and/or my child or children (listed below)* to the Kentucky-Tennessee Conference of Seventh-day Adventists. I understand that photographs may be printed, placed on the organization's various websites, or incorporated into promotional material such as brochures or videos.

I hereby waive any claim against the Kentucky-Tennessee Conference of Seventh-day Adventists for any personal or emotional damage which may arise in connection with the use of the photographs.

I understand that illegal or explicit photographs are NOT authorized under this agreement. Should such a situation arise, it is understood that it is not the result of negligence on the part of the Kentucky-Tennessee Conference of Seventh-day Adventists. In such a case the violating individual or parties are solely liable and are subject to all local, state, and federal laws.

I understand that by signing this form, I am releasing all recorded images and audio's for the express use of the Kentucky-Tennessee Conference of Seventh-day Adventists. Neither my child nor I will receive any compensation for this now or at any time in the future. I further certify that I am the parent or guardian of the child and am over 18 years of age. And I understand that the Kentucky-Tennessee Conference of Seventh-day Adventists and the photographer(s) will hold the copyright to all photographs.

Should I desire a copy of one or more photographs, videos or audio's, I will make a request to the appropriate person verbally or in writing. I am aware that there may or will be a cost involved.

MINOR CHILDREN'S NAMES: *(please print)*

PRINT NAME: _____

SIGNED: _____

Signature & Date