



Michiana Fil-Am Followers Pathfinder Club



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:

The Pathfinder Law is for me to:
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.

I would like to join the Followers Pathfinder Club. I am in the 5th grade or above. 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 as printed above.

Pathfinder Applicant's Signature: _____

Applicant Information Please print clearly

Applicant's Name: _____

Age: _____ Date of Birth: _____/_____/_____

AY Class(es) Completed:

Friend Companion Explorer Ranger Voyager Guide

Address: _____

City: _____

Zip Code: _____

Home Phone: _____

E-mail Address: _____

School: _____

Grade: _____

Church: _____

Is the Pathfinder baptized? Yes No

Date of Baptism: _____/_____/_____

Father's Full Name: _____

 Been a Pathfinder? Yes No

 Is a Master Guide? Yes No

 Office Phone: _____

 Cell Phone: _____

 E-mail Address: _____

Mother's Full Name: _____

 Been a Pathfinder? Yes No

 Is a Master Guide? Yes No

 Office Phone: _____

 Cell Phone: _____

 E-mail Address: _____

Approval by Parents or Guardians

We/I have read the Pathfinder Pledge and Law and are willing and desirous that the applicant become a Pathfinder. We/I will assist the applicant in observing the rules of the Pathfinder organization. In consideration of the benefits derived from membership, we/I hereby voluntarily waive any claim against the Followers Pathfinder Club, the club staff, the Michiana Fil-Am Church, or the Michigan conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Followers Pathfinder Club now and at any future time.

As parent(s)/guardian(s) we/I understand that the Pathfinder Club is an active program which includes many opportunities for service, adventure and fun. We/I will cooperate by: 1) learning how we/I can assist the applicant and the club leadership; 2) encouraging the applicant to take an active part in all club activities; and 3) attending events to which parents are invited.

We/I understand that the club will be following the Pathfinder rules and regulations as outlined in the Pathfinder Staff Manual which means that after two un-excused absences during the quarter the Pathfinder will be placed on a probationary list. Probationary members are not permitted to attend special events. (Excused absences include the illness of the Pathfinder, family emergencies or travel with family. Pathfinders or their parents must notify the club leaders of excused absences. Special events are club recreation nights, camping trips, field trips, etc.) A Pathfinder will also be put on a probationary list if his or her conduct at club/conference events, church activities, school, or community projects is not consistent with the Pathfinder Pledge and Law.

By signing this form we/I signify that we/I have carefully read this application form and that we/I agree to all the terms and conditions herein.

Signature of father/guardian Father

Date

Signature of mother/guardian Mother

Date

Health History, Consent to Treatment, and Health Insurance Information

Health History of Pathfinder Applicant:(child's full name) _____

List any health problems or concerns: _____

List any allergies: _____

Specify current medications: _____

Describe any physical restrictions: _____

Date of last tetanus immunization/booster: _____ Permission to administer? Yes No

Physician's Name: _____ Physician's Phone Number: _____

Health Insurance Information

Is the above named pathfinder applicant covered by health insurance? Yes No

Present Health Insurance Company: _____ Policy Number: _____

Insured Parent/Guardian's Name: _____ Home Phone Number: _____

Address: _____ Work Phone Number: _____

Emergency Contact Name(s): _____ Phone Number(s): _____

a. _____ a. _____

b. _____ b. _____

c. _____ c. _____

Consent to Treatment

We/I the undersigned parents/guardians of the above named child, a minor, do hereby give our/my consent for the above named child, to participate in the Followers Pathfinder Club. We/I am aware that our/my child may at some point require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment becomes necessary for our/my child, we/I grant to Fares or Heidi Magesa (Club Directors), or their assistants, authority to obtain such emergency medical assistance. We/I further grant permission for medical personnel to administer emergency medical treatment.

We/I also consent to our/my child's being transported for the purposes of Pathfinder Club activities, by private, church owned or Andrews University owned vehicles or other modes of transportation as may be deemed necessary. We/I understand that said vehicles will be driven by adults 21 years old or above and, in the case of University owned vehicles, that the drivers will be approved by the Transportation Department of the University.

If the distance driven will be further than 10 miles, we/I understand that a permission slip will need to be signed at that time.

We/I also consent to having our/my child(ren) work with club staff members outside the regular club meeting times for special club activities, for honors or for class activities as deemed necessary by the club staff.

We/I agree to indemnify and hold harmless the Lake Union, the Michigan Conference of Seventh-day Adventists, the Michiana Fil-Am Church, and the Followers Pathfinder Club and its leaders and staff from liability arising from any accident or injury occurring during club-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities.

This consent shall remain in continuous effect until revoked in writing and delivered to the above-named director or to the club entrusted with the custody of said minor.

Signature of Parent/Guardian

Date

COMPLETE OTHER SIDE ALSO