

Pathfinder Club Membership Application

I would like to join the _____ 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



Name _____ Phone _____

Street Address _____ Email _____

Mailing Address _____ City _____ Prov _____ PC _____

School _____ Grade _____ AY Class _____

Church _____ Baptized Yes/No _____ If yes, what year _____

Father's full name _____ email address _____

Mother's full name _____ email address _____

Can Parent's help? Drive ___ Teach ___ Cook ___ Camp ___ Clean ___ Fix ___ No ___

Approval by Parents or Guardians

The applicant is at least the age of 10 and/or in the 5th grade.

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 Manitoba-Saskatchewan 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 supplying needed information on the Membership Application and Health Record.

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.

We hereby certify that _____ was born on _____
Applicant's Name month/day/year

Signature of Father or Guardian

Signature of Mother or Guardian

Medical Information

Name _____

Healthcare Number _____

Family Physician _____

Phone Number _____

List any current medications:

Medication:	Dosage	Route	Time:	Self Admin?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Allergies to food, medication or other? Yes* No

*If yes, please explain: _____

Is Tetanus immunization current? Yes No

Does the applicant have any difficulty with the following?

Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed wetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health history – List any recent illnesses, injuries and/or hospitalizations you have had in the last year:

Are there any activities that you are restricted from doing for medical reasons? Yes No If yes, please explain:

Other instructions

Inform in Case of accident or illness

Father/Guardian _____

Home Phone _____

Work Phone _____

Mother/Guardian _____

Home Phone _____

Work Phone _____

If not available, In emergency notify:

Name _____

Home Phone _____

Work Phone _____

OR

Name _____

Home Phone _____

Work Phone _____