

## Pathfinder Club Membership Application

I would like to join the **SHILOH WARRIORS 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 Pathfinder Pledge and Law.

Pathfinder Signature: \_\_\_\_\_

### PATHFINDER PLEDGE

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

### PATHFINDER LAW

1. Keep the morning
2. Do my honest part.
3. Care for my
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 \$ \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Church \_\_\_\_\_

Pathfinder Achievement Class Check (v): \_\_ Friend \_\_ Companion \_\_ Explorer \_\_ Ranger \_\_ Voyager \_\_

Guide **OTHER:** \_\_ TLT

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 5<sup>th</sup> 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 **SOUTH ATLANTIC CONFERENCE** of Seventh-day Adventist for any accidents which may arise in connection with

the activities of the Pathfinder club.

As parents/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/her 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 Date of application

\_\_\_\_\_  
Signature of mother or guardian Mother's guardian's occupation Date of application

**Pathfinder Health Record**

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_



(Optional) \_\_\_\_\_  
Date of last Tetanus  
Booster \_\_\_\_\_  
Allergies do drugs or food: \_\_\_\_\_

Particular 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 a 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 term found therein. Permission for photocopying of this health record is granted.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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

Date \_\_\_\_\_ Notary Signature \_\_\_\_\_ Notary Signature \_\_\_\_\_