

I would like to join the \_\_\_\_\_ Pathfinder Club. I will attend club meetings, campouts, missionary adventures, and other club outings and activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Home Number: (\_\_\_\_) - \_\_\_\_\_ Cell Number: (\_\_\_\_) - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Registration Fee:

#### 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 Signature

Applying for Membership

Renewing Membership

Transferring From another Club

\_\_\_\_\_  
Name of Club



#### 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.

## Approval by Parents or Guardians:

We hereby signify the applicant is at least 10 years of age. 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 of the \_\_\_\_\_ Conference of Seventh-day Adventist 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 club activities
3. By attending events to which parents are invited.
4. By supplying needed information on the Membership Application and Health Record.

\_\_\_\_\_  
**Signature of Father or Guardian**

\_\_\_\_\_  
**Signature of Mother or Guardian**

**Date of Application:** \_\_\_\_\_

Pathfinder Name: \_\_\_\_\_

My Dad is a Master Guide     Yes     No

My Mother is a Master Guide     Yes     No

My Dad has been a Pathfinder     Yes     No

My Mother has been Pathfinder     Yes     No



I will do my best to practice the principles of the Pathfinder Pledge and Law, and to cooperate with the leaders and obey the regulations of the Pathfinder Ministry club as outlined in the requirements for Pathfinder Club Membership and the club bylaws, which I have read.

Name \_\_\_\_\_ Age \_\_\_\_\_  
Please print

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PATHFINDER PLEDGE**

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

**The Law:**

The 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 errand.



## Pathfinder Health Record

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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 her in describe ha 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 and found therein. Permission for photo copying of this record is granted

\_\_\_\_\_

Date

Parent/Guardian signature

## Pathfinder Health Record and Medical information

The Ontario Conference of Seventh-day Adventists is required by law to obtain the following health information before accepting a camper. Please include a copy of immunization record with registration form.

**Health card #** \_\_\_\_\_

**History:**

- |  |  |
|--|--|
| <input type="checkbox"/> Sore Throats    | <input type="checkbox"/> Sleepwalking  |
| <input type="checkbox"/> Sinusitis       | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Bronchitis      | <input type="checkbox"/> Diabetes      |
| <input type="checkbox"/> Fainting        | <input type="checkbox"/> Asthma        |
| <input type="checkbox"/> Stomach upset   | <input type="checkbox"/> Bed-wetting   |
| <input type="checkbox"/> Kidney trouble  |  |
| <input type="checkbox"/> Special dietary |  |
| <input type="checkbox"/> Convulsions     |  |
| <input type="checkbox"/> <b>Other</b>    |  |
- 

**Allergies**

- Drugs  Plants  Animals  
 Foods  Bee/Insect Stings



**Antidote:**

- Benadryl  Anakit  
 Epikit  Other  
 Nurse administered  
 Self care  
 **Other:**
- 

**Medications**

**Is the Pathfinder currently taking medication?**

- No  Yes

Drug Name \_\_\_\_\_

Dosage \_\_\_\_\_

Time \_\_\_\_\_

**Permission to administer:**

- Tylenol Plain  Yes  No  
 Aspirin  Yes  No

**Medical and Liability Release:**

I/We am/are in favour of the aforementioned Pathfinder to participate in all conference and church-approved activities. As parent(s)/legal guardian(s), I/we accept the conditions stated, including the release of the Ontario Conference of the Seventh-day Adventist Church from liability in case of accident or illness. I/We support, and the applicant agrees to abide by all Pathfinder regulations and policies. In case of emergency, I/we give permission to the nurse/adult leader selected by the Ontario Conference Pathfinder Council to hospitalize, secure proper treatment for, and to order injections, anaesthesia, or surgery for my/our child.

Parent(s) / Guardian \_\_\_\_\_

**Print Name**

**Print Name**

Parent(s) / Guardian \_\_\_\_\_

**Signature**

**Signature**

Date: \_\_\_\_\_