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 🗌 Femal	e 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.

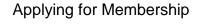
I will keep the pathfinder

Law.

I will be a servant of God

and a friend to man

Pathfinder Signature



Renewing Membership

Transferring From another Club

Name of Club



PATHFINDER LAW

- 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
orginature	U.	ratifici	U.	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 Please print	Age		
Signed	Date		
PATHFINDER PLEDGE By the grace of God,	The Law: The Law is for me to:		
I will be pure, and kind, and true.	Keep the morning watch Do my honest part Care for my body, Keep a level eye		
I will be a servant of God			
and a friend to man.	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:		PATHEINNER
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 lega	al 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

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:

- Sore Throats
- Sinusitis
- □ Bronchitis
- Fainting
- Stomach upset
- □ Kidney trouble
- □ Special dietary
- □ Convulsions
- Other

Sleepwalking
Heart trouble
Diabetes
Asthma
Bed-wetting

- Allergies
- □ Drugs □ Plants □ Animals □ Foods □ Bee/Insect Stings
 - Foods 🗆 Bee/Insect Stings



Antidote:

- \Box Benadryl \Box Anakit
- Epikit D Other
- □ Nurse administered

Self care

Other:

Medications Is the Pathfinder currently taking medication? No Yes Drug Name Dosage Time

Print Name

Signature

Permission to administer:

□ Tylenol Plain □ Yes □ No

 \Box Aspirin \Box Yes \Box 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

Parent(s) / Guardian _____

Signature

Date: _____