

# Pathfinder Club Membership Application

I would like to join the \_\_\_\_\_ 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 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



Registration Fee \$ \_\_\_\_\_  
Club Dues \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ AY Class \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

I have been a Pathfinder:

Yes  No

My dad is a Master Guide:

Yes  No

My mother is a Master Guide:

Yes  No

Where? \_\_\_\_\_

## Friend

My dad has been a Pathfinder:

Yes  No

My mother has been a Pathfinder:

Yes  No

## Approval by Parents or Guardians

The applicant is at least 10 years of age or in the 5th grade as a Junior Pathfinder, or in grade 7 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 \_\_\_\_\_ 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 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

\_\_\_\_\_  
Signature of mother or guardian

\_\_\_\_\_  
Mother's or guardian's occupation

Date of application \_\_\_\_\_

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# Pathfinder Health Record



Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
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 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 terms found therein. Permission for photo copying of this health record is granted.

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

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