

# PATHFINDER MEMBERSHIP APPLICATION

## PATHFINDER LAW

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 errands

## 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

### **(Please check one that applies)**

I wish to:  Apply for membership  
 Renew my membership  
 Transfer my membership  
 from \_\_\_\_\_

### **Personal Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Male  Female   
 City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Grade in School \_\_\_\_\_ Baptized? Yes  No  Name of Church \_\_\_\_\_

Check all Pathfinder levels you have COMPLETED:

E-TRACKER:  Friend  Companion  Explorer  Ranger  
 VARSITY:  Voyager  Guide  Pioneer  Navigator

**APPLICANT'S COMMITMENT:** I agree to be guided by the rules of the club and the Pathfinder Pledge and Law, and I will attend club meetings, campouts and other club outings and activities.

\_\_\_\_\_  
 Signature of Pathfinder

\_\_\_\_\_  
 Date

### **Family History**

**Father:** Seventh-day Adventist? Yes  No  Church: \_\_\_\_\_  
 Has he worked with Pathfinders before? Yes  No  Master Guide? Yes  No

**Mother:** Seventh-day Adventist? Yes  No  Church: \_\_\_\_\_  
 Has she worked with Pathfinders before? Yes  No  Master Guide? Yes  No

**PARENT OR GUARDIAN APPROVAL:** We hereby signify the applicant is in at least fifth grade. We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant becomes a Pathfinder. We will assist the applicant in observing the rules and guidelines of the Pathfinder organization. As parents (or guardians), we understand that the Pathfinder Club program is an active one for the applicant. It includes many opportunities for service, adventure, discipleship training, 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 club activities.
3. By attending events to which parents are invited.

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

### **CLUB USE ONLY**

Membership Application completed  Uniform Arrangements made  
 Health & Medical Records  Dues Paid

Inducted into Full Membership on: \_\_\_\_\_

Signature of Club Director: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL CONSENT

In these days of lawsuits, medical consent forms are a necessity on every outing. The basic idea of the form is that it gives parental authorization for a doctor to treat a minor. It also provides information on where the parents and family doctor can be located.

The consent form provides protection for the doctor, the child, and the club director.

1. The doctor - a doctor who would give medical assistance to a child without the knowledge of the parents would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent form may be enough to persuade a doctor that the parents are unlikely to sue. (Many young people have been given medical aid at a remote hospital or office after the leader produced a consent form. Other times the form has not helped at all).

2. The child - leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form would severely reduce that chance.

3. The director - if a child is injured and is not able to get proper medical care because the director did not bother to require medical consent forms, that director could certainly be a target for a liability suit.

## **Note:**

Medical consent forms may be dated in such a way that they are good for the whole year. This has the obvious advantage of saving a lot of work in collecting new forms for each outing. There are two disadvantages to year-long consent forms. First, a form signed several months ago will not be as impressive to a doctor as one signed yesterday. Secondly, the form won't have current information on the location of the parents. They may be out of town the weekend of the particular outing on which their child is injured. Use your judgment.

# MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Medical insurance \_\_\_\_\_ # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Office Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Medical insurance \_\_\_\_\_ # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Office Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Medical insurance \_\_\_\_\_ # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL HISTORY

Weight \_\_\_\_\_ Height \_\_\_\_\_ Last Tetanus shot (Date) \_\_\_\_\_  
Medication allergies \_\_\_\_\_  
Medications receiving now \_\_\_\_\_  
Medical history (i.e., recent surgery, diabetic, chronic illness) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to notify in case of accident or illness if parents are not available

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) give the following emergency medical treatment consent for the above named child. Effective from date of \_\_\_\_\_ to \_\_\_\_\_.

- Emergency Surgery
- First Aid
- Both of the above
- None of the above

(One of the types of treatment must be marked.)

Signature of Parent/Guardian \_\_\_\_\_

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has  
produced \_\_\_\_\_ as identification.

(Notarial Seal) Notary Public, State of Florida

# CODE OF CONDUCT

1. Pathfinder will be on time at all club meetings and events.
2. **Field Uniform** will be worn at all **club meetings** and **informal activities** unless specified otherwise. (Check your uniform list)
3. Complete **Class A** uniform will be worn at all **formal club activities** and designated club meetings. (Check your uniform list)
4. Pathfinder will participate in every activity and will maintain good conduct at all times.
5. Pathfinder will not talk back to Pathfinder Staff or any older person at any time. Profanity is a cause for suspension.
6. Pathfinder whose conduct presents a continual or special problem will be subject to suspension upon recommendation of the staff.
7. During club meetings or events, Pathfinder will stay together with counselor or instructor at all times.
8. Pathfinder will acquire permission from counselor, instructor or director to speak, leave the area, or to go on an errand.
9. Pathfinder will come to attention when called to "fall in" or "line up."
10. Pathfinder will be a "Servant of God" and a "Friend to man" at all times, whether during club meetings, events, at home, church, school or in the community.
11. Pathfinder will treat fellow Pathfinders with courtesy and respect.
12. On Camp-outs, Pathfinder will take turns doing Kitchen Patrol duty as scheduled.
13. Pathfinder will abide by the Pathfinder's Camping Code while camping.

Agreed to by: \_\_\_\_\_  
Pathfinder's Signature

\_\_\_\_\_  
Parent's/Guardians Signature