NOTE: This form is for your use only. Please do not send it to the Conference Office.

Pathfinder Club Membership Application

I would like to join the **Duluth Pioneer** 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 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 5th grade as a Junior Pathfinder, or 7th grade 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 _____

Revised 5/22/07

HEALTH AND MEDICAL RECORD

IDENTIFICATION

Name _____ Age _____ Birth Date _____

Address _____ Home Phone _____

City _____ State _____ ☐ Female ☐ Male

Social Security Number _____ Religion _____

HEALTH HISTORY

Have you had any of the following conditions? Mark "past" or "now" or leave blank if never had.

Asthma	_____	Bed wetting	_____	Epilepsy	_____
Hay Fever	_____	Kidney Disease	_____	Rheumatic Fever	_____
Sinus Trouble	_____	Constipation	_____	Heart Trouble	_____
Ear ache, Ear Infection	_____	Frequent Diarrhea	_____	Glasses	_____
Ear Tubes	_____	Severe Stomach Ache	_____	Contact Lenses	_____
Fainting Spells	_____	Diabetes	_____	For Women:	
Tuberculosis	_____	Sleep Walking	_____	Menstrual Problems	_____

ALLERGIES OR ALLERGIC REACTIONS (Check if yes, then tell what happened.)

☐ Penicillin _____

☐ Other Medications (list) _____

☐ Bee Sting _____

☐ Food _____

☐ Poison Oak, Poison Ivy _____

☐ Other (list) _____

_____

_____

PLEASE LIST ALL SERIOUS ILLNESSES OR OPERATIONS IN THE PAST FIVE YEARS

Operation or Illness	Date	Hospitalized? (yes/no)
_____	_____	_____
_____	_____	_____

PLEASE LIST ALL MEDICATION CURRENTLY BEING TAKEN

Medication	Times per Day	Reason for Taking
_____	_____	_____
_____	_____	_____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of dates of being immunized and most recent booster doses.

DTP Series	_____	Booster	_____
Polio OPV (Sabin)	_____	Booster	_____
Measles Vaccine (live)	_____		
German Measles (Rubella)	_____		
Tetanus Booster	_____		
Tuberculin Test	_____		
Mumps Vaccine (live)	_____		
Chicken Pox	_____		

DIET ☐ Regular ☐ Diabetes ☐ Low Salt ☐ Low Cholesterol ☐ Other _____
Special Instructions _____

PHYSICAL ACTIVITY
Any restriction of activity for medical reasons? Please explain _____

Any other type of health concerns which might be pertinent?

INFORM IN CASE OF ACCIDENT OR ILLNESS

Parent/Guardian/Spouse _____
Home Address _____ Home Phone _____
Work Address _____ Work Phone _____
If above named person is not available, please notify

Name _____
Address _____
_____

Name _____
City _____
State _____ Zip _____

DO YOU HAVE
Medical Insurance? ☐ Yes ☐ No Number _____ Type Coverage _____
Name of Company _____

The information listed above is correct to the best of my knowledge.

Signed _____ Date _____
Parent or Guardian

PARENT'S AUTHORIZATION - required for those under 18 years of age.
This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son or daughter. A photostatic copy of this shall be as valid as the original.
Signature _____
Parent or Guardian
Date _____

Subscribed and sworn to before me this _____ day of _____

_____
Notary Public
My commission expires _____

Pathfinder Overnight Activity Contract

Recognizing that it is a privilege to be able to participate in Pathfinder activities in the Georgia-Cumberland Conference, I agree to follow all the rules and regulations connected with the upcoming _____ trip.

Should I deviate from these guidelines set down by the conference and/or club staff, I will be willing to forfeit the next overnight Pathfinder event and other trips if the situation is not resolved.

I will not leave my sleeping area after the set time to be in, and I will not miss any meetings or appointments without permission from my club staff. I agree to follow all of the guidelines that the conference and/or club set down for a particular trip.

Signed: _____

Pathfinder Signature *Date*

(Rev. 05/19/08)

Parent / Guardian Copy

SEVENTH-DAY ADVENTIST® CHURCH
Georgia-Cumberland Conference

IMAGE RELEASE FORM

For value received, I hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists ("Georgia-Cumberland Conference"), or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses.

Dated this _____ day of _____, 20_____.

_____
(Please print name)

_____
(Please sign name)

Address: _____

_____

_____

_____

Telephone Number: _____

Witness:

_____
(Please print name)

_____
(Please sign name)

Additional Minor Family Members to Whom this Release Applies:

_____

_____

_____

Georgia-Cumberland Conference of Seventh-day Adventists
P.O. Box 12000 • Calhoun, GA 30703 • Phone: 800-567-1844
Email: info@gccsda.com • Website: www.gccsda.com

•PATHFINDER CLUB COPY•