



PATHFINDER MEMBERSHIP APPLICATION 2021

This confidential information will be kept for club use only.

Directors: Please keep this application for your records when going camping or on fieldtrips.

Membership Requirements:

- Be at least 10 and in the 5th Grade or under age 18
- Faithfully attend scheduled club activities
- Agree to follow the guidelines set forth by the local club including paying fees
- Follow the 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.*)
- Follow the 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.*)

Child's Personal Information		Application Date: _____	
Last Name		First Name	
Birthdate		Age	
Grade		School	
Home Address			
Baptized?		Baptism Date	
Religious Affiliation		Home Church	
Other Personal Information?			

Parent / Guardian #1 Info		Relationship to child: _____ Does the child live with this person? _____	
Last Name		First Name	
Address		Phone #1	
Email		Phone #2	

Parent / Guardian #2 Info		Relationship to child: _____ Does the child live with this person? _____	
Last Name		First Name	
Address		Phone #1	
Email		Phone #2	

Alternate Emergency Contacts		Relationship to child: _____ Does the child live with this person? _____	
Name		Phone	
Name		Phone	



PATHFINDER MEDICAL INFORMATION

Health Information			
Food Allergies		Medication Allergies	
Physical Restrictions		Medical Conditions	
Preferred Local Hospital		Physician (Name & Phone)	
Insurance Company		Insurance Policy Number	
Diet Restrictions			
Current Medications	Medication Name	Dose Administered	Time/Frequency Administered
	Reason for Administering		
Health History	<input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Sinus Trouble <input type="checkbox"/> Earache <input type="checkbox"/> Ear Tubes <input type="checkbox"/> Fainting <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Bedwetting <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Constipation <input type="checkbox"/> Stomach Ache <input type="checkbox"/> Diabetes <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Menstrual Problems <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Poison Oak/Ivy Allergy <input type="checkbox"/> Other: _____		
Past Illness/Surgery Hospitalization/			
Immunizations	<input type="checkbox"/> DTP Series <input type="checkbox"/> Polio/OOPV <input type="checkbox"/> Measles <input type="checkbox"/> German Measles/Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Tuberculin Test <input type="checkbox"/> Mumps <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Other: _____		
Other Health Information?			

Approval Section:

Parent/ Guardian Consent:

As a parent or legal guardian of _____, I am in favor of him/her attending all club functions and accept the membership conditions named above. In consideration of the benefits derived from membership, I hereby voluntarily waive any claim against the club of the New Jersey Conference of Seventh-day Adventists for any accidents which may arise in connections with the activities of the Pathfinder Club. (This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.) The health history as stated is correct as far as I know, and the person herein described has permission to engage in all prescribed club activities. I give permission for my child to be photographed and his/her picture posted on club and New Jersey Conference of SDA social media and web sites. I will assist the applicant in observing the rules of the Pathfinder organization and will encourage him/her to take part in all club activities. I agree to pay the fee required for Pathfinder membership with the conference. Permission for photo copying this information and health record is granted for use by the Pathfinder Club only. I also consent for my child to be transported for club activities, in private, church owned vehicles or other mode of transportation.

Authorization to Treat a Minor:

I (we) the undersigned parent or legal guardian of _____, in case of emergency, hereby give permission to the physician selected by the club director to hospitalize, secure proper treatment, and to order injections or anesthesia for my child. The health history as stated above is correct as far as I know. A photocopy of this shall be valid as the original. I consent for club staff to administer over-the-counter drugs at their discretion with parent notification.

Parent/Guardian Signature: _____	Printed Name: _____	Date: _____
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