

# PATHFINDER MEMBERSHIP APPLICATION

## PLEDGE

By the grace of God  
I will be pure, kind, and true  
I will keep the Pathfinder Law  
I will be a servant to God  
And a friend to man

(Please check one that applies)

I wish to:

Apply for membership  
 Renew my membership  
 Transfer my membership  
from \_\_\_\_\_

## LAW

Keep the morning watch  
Do my honest best  
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

## Personal Information

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

Check all level(s) 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 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Seventh-day Adventist? Yes \_\_\_\_\_ No \_\_\_\_\_ Church: \_\_\_\_\_  
Has he worked with Pathfinders before? Yes No Master Guide? Yes No \_\_\_\_\_

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

PARENT OR GUARDIAN APPROVAL: We hereby verify 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.
4. By assisting Club leaders and by serving as leaders if called upon.

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: \_\_\_\_\_

# Youth Ministries Management System Consent Form

**Rationale for YMMS**

The FL PAD implemented the Youth Ministries Management System to integrate all of the vital Club information into one system that is accessible to many groups at the same time. The local Club enters each child/adult's information and then it is securely saved so that the Club Director/Secretary can access it from anywhere and anytime with an internet connection. In addition, the Club can log a digital history for each member or transfer that information if a member transfers to another Club. The volunteer Coordinator team has access to valuable data that allows them to better serve Clubs (seeing when their events are, if they need help with registering for an event, to encourage them to complete tasks by certain deadlines, etc.). And the PAD office is better able to analyze, communicate, log, and track how Clubs are doing by Clusters or Areas. The system has simplified our registration process for events, how background checks are processed (and making sure the right adults attend our events). And finally, the North American Division has chosen to adopt this system for the division as well, because they see all the benefits.

**Club Applicant's Personal Basic Medical (Allergy/Health) Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_\_\_

We the parents/guardians of \_\_\_\_\_ hereby \_\_\_ give or \_\_\_ not give permission to the Club Director to register my child into the Youth Ministries Management System in order for my child to be eligible to attend Conference Events. If I do not grant permission, I understand that my child will be limited to only participate in local Club events only.

We hereby **give / do not give** permission to the Club Director to register my child's allergies into the Youth Ministries Management System in order for the Florida Conference to anonymously gather attendee data to better plan events and provide medical volunteers proper medical supplies, accordingly. If I do not grant permission, I understand that my child will be limited to only being treated for general First Aid situations and sent to the Emergency Room in case of moderate to severe allergic reactions for which the event may not have been prepared for. All information entered in the medical section of the YMMS is accessible ONLY to those event specific medical/office staff that need to know medical information to best serve attendees at PAD events.

Father's Name	Mother's Name	Please provide contact info for one parent or guardian.
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Father's Signature	Mother's Signature	Email
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Guardian's Name (If applicable)	Guardian's Signature (If applicable)	Cell Phone
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Subscribed and acknowledged before me this \_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_, who is personally known to me or who has produced identification.

(Notarial Seal)

\_\_\_\_\_  
Notary Public signature, State of Florida

Local Club Use Only

# MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

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

Medical insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

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

Medical insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Cell \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

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

Medical insurance \_\_\_\_\_ Policy # \_\_\_\_\_

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

## **MEDICAL HISTORY**

Weight \_\_\_\_\_ Height \_\_\_\_\_ Last Tetanus shot \_\_\_\_\_

Food allergies \_\_\_\_\_

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 \_\_\_\_\_.

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

\_\_\_\_ Emergency Surgery    \_\_\_\_ Both of the these  
\_\_\_\_ First Aid                \_\_\_\_ None of the above

## **ALL MEDICAL CONSENTS MUST BE NOTARIZED**

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

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_

By \_\_\_\_\_, who is personally known to me or who has produced identification.

(Notarial Seal) Notary \_\_\_\_\_ Public signature, State of Florida

# CODE OF CONDUCT

1. Pathfinders will be on time at all Club meetings and events. Chronic tardiness will be taken into account when evaluating a Pathfinder's Personal Performance.
2. Field Uniform (club T-shirt, shorts with length to the knees or jeans, tennis shoes) will be worn at all Club meetings and informal activities and functions unless specified otherwise, including campouts. Open toe shoes are not allowed at Club meetings.
3. Complete Class A or B uniform will be worn at all formal Club activities and designated Club meetings. Class A uniform consists of: tan shirt with all patches and pins, slacks (boys), black skirt or black pants (girls), black socks (boys) black socks or tan nylons (girls), black dress shoes (closed-toe), sash, scarf, black belt/buckle, and uniforms slide. Class B uniform is all of the above without the sash, scarf, and slide.
4. Jewelry: We, as members of the Seventh-day Adventist Church, believe that the wearing of jewelry and the display of wealth it implies is inconsistent with Pathfinding's principles. Therefore, we request that no visible jewelry be worn to any Pathfinder function. This also prevents the loss of valuable items.
5. Pathfinder should attempt to participate in every activity and will maintain good conduct always.
6. Pathfinders will not talk back to Pathfinder Staff or any older person at any time. Profanity is a cause for suspension.
7. Pathfinders whose conduct presents a continual or special problem will be subject to suspension upon the staff's recommendation.
8. During Club meetings or events, Pathfinders will stay together with the counselor, instructor, or director to speak, leave the area, or to go on an errand. If a Pathfinder needs to leave the group area, they must have permission from a counselor and sign out as instructed.
9. Pathfinders will come to attention when called to "fall in" or "line up."
10. Pathfinders will treat fellow Pathfinders with courtesy and respect. Pathfinders 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. On Camp-outs, Pathfinders will take turns doing Kitchen Patrol duty as scheduled and help with any after camping tasks. We must work as a team. Pathfinders should not expect to go home until all equipment is cleaned and put away.
12. Pathfinders will abide by the Pathfinder's Camping Code while camping. Refer to page 67.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

Date: \_\_\_\_\_