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	Pathfinder Law			
7	By the grace of God	Keep the Morning Watch			
	I will be pure, kind and true	Do my honest part			
PATHFINDER	I will keep the Pathfinder Law	Care for my body			
	I will be a servant of God	Keep a level eye			

And a friend to man

Be courteous and obedient Walk softly in the sanctuary Keep a song in my heart Go on God's errands

Approval by Parents or Guardians

The applicant is in at least the 5th grade as a Junior Pathfinder, or the 7th grade as a Teen Pathfinder.

School Related Programs (Choir, Band, etc.)

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 Georgia-Cumberland 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 supplying needed information on the Membership Application as well as Health and Medical Form.
- 6. By making sure the applicant is present and on time to all functions.

Parent (or Guardian) signature:			Date:		
Father's Name (print)	Home Phone	Cell Phone	Work Phone	Email (print)	
Mother's Name (print)	Home Phone	Cell Phone	Work Phone	- Fmail (print)	

Name:	
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The following information will be used for all club activities this calendar year. Please note on the event permission form if there are any changes from this information.

All events will be sponsored by the Georgia-Cumberland Conference and/o , I have completed the GCC Pathfinder Health and complete medical history. I do hereby state that said child is physically and club activities. I do hereby release and discharge the representatives and staff from all liability of any kind and character upon any which might be asserted in behalf of said minor and/or myself against representatives, or staff. Furthermore, in the event of an accident, if said st contact the undersigned, I hereby grant permission to said staff or representat take the applicant to a medical facility for treatment.	Medical Form detailing my child's medically able to participate in the SDA Church and its authorized claim, demand, or cause of action the SDA Church, aff or representatives are unable to
Signed	Date:
Printed Name	
Relationship to applicant	
I hereby give my consent for said child to ride the vehicles provided to any release all photos and videos taken for Pathfinder promotions. This consenuntil revoked in. I give permission to photocopy this form. A photo copy of valid as the original.	t shall remain in continuous effect
Signed	Date:
Printed Name	
Relationship to applicant	