

Carmichael Pathfinder Club Membership Application

Name _____ AY class _____

Pathfinder Phone _____ Pathfinder email _____

Address _____ City _____ State _____ ZIP _____

School _____ Grade _____ Church _____

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



I would like to join the Carmichael Pathfinder Club. I will attend club meetings, hikes, camping, 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 _____

Approval by Parents or Guardians

The applicant is at least 10 years of age or in 5th grade as a Junior Pathfinder, or age 13 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 claims against the club or the Northern California 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 I (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 the parents are invited.
4. By assisting club leaders and by serving as leaders if called upon.
5. By purchasing Pathfinder insurance, if necessary, through the club treasurer.
6. By supplying needed information on the Membership Application and Health Record.

Father or Guardian Name _____

Phone _____ Email _____

Mother or Guardian Name _____

Phone _____ Email _____

Parent or Guardian Signature _____ Date _____

Club Dues \$75

Pathfinder Health Record

Name _____

Birthdate _____ Age _____

Date of Last Tetanus _____ Weight _____

Allergies No Known Allergies

Food _____

Medicine _____

Other _____

Special Medications or Pertinent Information _____

List of Restrictions _____

Father or Guardian _____ Phone _____

Mother or Guardian _____ Phone _____

Emergency contact _____ Phone _____

Family Physician _____ Physician Phone _____

Physician Address _____

Insurance Company _____

Insurance Policy Number _____ Group Number _____

Insured Parent or Guardian _____

Authorization to Treat a Minor

I (we) the undersigned parent, parents or legal guardian of _____
Name of Pathfinder

In case of emergency, I hereby give permission to the physician selected by the club directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

As a parent or legal guardian of the applicant, I am in favor of him/her attending club functions and accept the conditions named. The health history stated is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed club activities except as noted. In addition, I have read and understand the Emergency Authorization statement and give my full consent to the terms found therein. Permission for photocopying of this health record is granted.

Parent/Guardian Signature _____ Date _____