

# ALBANY PATHFINDER CLUB MEMBERSHIP APPLICATION

I would like to join the Albany 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:** \_\_\_\_\_ **Registration Fee: \$45.00**

<p><b>Pathfinder Pledge</b>                  By the grace of God,                  I will be pure and kind and true                  I will keep the Pathfinder Law                  I will be a servant of God                  And a friend to man.</p>	<p><b>Pathfinder Law</b>                  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</p>
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Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

School \_\_\_\_\_ Grade \_\_\_\_\_ Church \_\_\_\_\_

Parent Email \_\_\_\_\_

Preferred Method of Contact     Text     Email     Phone

I have been a Pathfinder:     yes     no    Where \_\_\_\_\_

Class Level (if applicable) \_\_\_\_\_

My dad is a Master Guide     yes     no    My dad has been a Pathfinder.     yes     no

My mom is a Master Guide     yes     no    My mom 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 becomes 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 Oregon 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 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 \_\_\_\_\_

# PATHFINDER COMMITMENT AND PLEDGE

I will do my best to practice the principles of the Pathfinder Pledge and Law, and to cooperate with the leaders and obey the regulations of the Pathfinder club as outlined in the requirements for the Albany Pathfinder Club Membership and the club bylaws, which I have read.



Name \_\_\_\_\_ Age \_\_\_\_\_  
Please print

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PATHFINDER PLEDGE

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

## 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.

## PATHFINDER SONG

Oh, we are the Pathfinders' strong,  
The servants of God are we.  
Faithful as we march along,  
In kindness, truth, and purity.  
A message to tell to the world,  
A truth that will set us free,  
King Jesus the Savior's coming back  
for you and me.

More than just learning these requirements to be a Pathfinder, you must always try to live up to the Pledge and Law. As you sing the song, think of the words and really mean them.

## PATHFINDER PARENTS' COMMITMENT AND PLEDGE:

I will do my best to support and cooperate with the Pathfinder programs and activities. I will further do my part to see that my Pathfinder \_\_\_\_\_ cooperates and participates with the requirements and bylaws of the Pathfinder club.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian's Signature

# HEALTH AND MEDICAL RECORDS

## Albany Pathfinder Club



**Identification:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Male: \_\_\_ Female: \_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Health History:**

*Have you had or currently have:*

- |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Past</b>              | <b>Now</b>               | <b>Past</b>              | <b>Now</b>               | <b>Past</b>              | <b>Now</b>               | <b>Past</b>              | <b>Now</b>               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma                   |                          | Earache/Ear Trouble      |                          | Glasses                  |                          | Rheumatic Fever          |                          |
| Bed wetting              |                          | Ear Tubes                |                          | Hay Fever                |                          | Severe Stomachaches      |                          |
| Constipation             |                          | Epilepsy                 |                          | Heart Trouble            |                          | Sinus Trouble            |                          |
| Contact Lenses           |                          | Fainting Spells          |                          | Kidney Disease           |                          | Sleep Walking            |                          |
| Diabetes                 |                          | Frequent Diarrhea        |                          | Menstrual Problems       |                          | Tuberculosis             |                          |

**Allergies or Allergic Reactions** *(Check if yes and tell what happened)*

- Medications \_\_\_\_\_
- Penicillin \_\_\_\_\_
- Bee Sting \_\_\_\_\_
- Food \_\_\_\_\_
- Poison Oak/Ivy \_\_\_\_\_
- List Other Allergies \_\_\_\_\_

**Please List All Serious Illnesses or Operations in the Past Five Years:**

<i>Operation or illness</i>	<i>Date</i>	<i>Still in treatment</i>
_____	_____	_____
_____	_____	_____

**Please List All Medications Currently Being Taken:**

<i>Medication</i>	<i>Date</i>	<i>Reason for Taking</i>
_____	_____	_____
_____	_____	_____

**Physical Activity:**

*Any restriction of activity for medical reasons and please explain?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Any other types of health concerns, which might be pertinent?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Any unusual behaviors (nightmares, sleep talking)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Immunization History:** *Required immunizations must be determined locally. This is a record of basic immunizations and most recent boosters.*

**Does your child meet current Oregon State law for school attendance?**  Yes  No

- Medical Exemption  Religious Exemption

**Diet:**  Regular  Diabetic  Low Salt  Low Fat/Cholesterol  Vegan  Other \_\_\_\_\_

<u>Check</u>	<u>Date</u>	<u>Date</u>	<u>Check</u>	<u>Date</u>
<input type="checkbox"/> Measles Vaccine (live)	_____	_____	<input type="checkbox"/> Tetanus Booster	_____
<input type="checkbox"/> German Measles (Rubella)	_____	_____	<input type="checkbox"/> Tuberculin Test	_____
<input type="checkbox"/> DPT Series	_____	Booster _____	<input type="checkbox"/> Chicken Pox	_____
<input type="checkbox"/> Polio OPV (Sabin)	_____	Booster _____	<input type="checkbox"/> Mumps Vaccine (live)	_____

**EMERGENCY INFORMATION**  
**Albany Pathfinder Club**



**Father's Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance ID:** \_\_\_\_\_

**Insurance Policy Number:** \_\_\_\_\_

**AUTHORIZATION TO TREAT A MINOR**

*PARENT'S AUTHORIZATION is required for those under 18 years of age or under 21 if still living at home.*

As the legal parent or guardian, I hereby state this health history is correct, so far as I know, and the child named above has permission to engage in all activities, except as noted herein by me.

Exceptions (if any):

\_\_\_\_\_.

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

I have read and understand the Emergency Authorization statement on the Permission and Medical Consent Form and give my full consent to the terms found therein. Permission for photocopying this Health and Medical Record is granted.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date