

PATHFINDER CLUB MEMBERSHIP APPLICATION

I would like to join the _____ 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: _____

<p>Pathfinder Law 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>Pathfinder Pledge 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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Registration Fee \$ _____ Club Dues \$ _____ Insurance: \$ _____

Name _____ Phone _____ AY Class _____

Address _____ City _____ State _____ Zip _____

School _____ Grade _____ Church _____

I have been a Pathfinder: yes no Where _____
 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 _____