



# MARANATHA 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 of God  
 And a friend to man*

<p style="text-align: center;"><b>LAW</b></p> <p style="text-align: center;"><i>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</i></p>	<p style="text-align: center;"><b>(Please check one that applies)</b></p> <p>I wish to:</p> <p><input type="checkbox"/> Apply for membership</p> <p><input type="checkbox"/> Renew my membership</p> <p><input type="checkbox"/> Transfer my membership from _____</p>
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### PERSONAL INFORMATION

Name	Age	Birthdate
Address	City	State
Phone #	Grade in School	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Church		

Check all level(s) you have COMPLETED:			
E-TRACKER: <input type="checkbox"/> Friend	Companion <input type="checkbox"/>	Explorer <input type="checkbox"/>	Ranger <input type="checkbox"/>
Varsity: <input type="checkbox"/> Voyager	Guide <input type="checkbox"/>	Pioneer <input type="checkbox"/>	Navigator <input type="checkbox"/>

**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

<b>Father:</b> Seventh-day Adventist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Church: _____	
Has he worked with Pathfinders before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Master Guide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mother:</b> Seventh-day Adventist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Church: _____	
Has she worked with Pathfinders before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Master Guide?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PARENT OR GUARDIAN APPROVAL:** We hereby signify 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		
<input type="checkbox"/> Membership Application completed	<input type="checkbox"/> Uniform Arrangements made	
<input type="checkbox"/> Health & Medical Records	<input type="checkbox"/> Dues Paid	
Signature of Club Director	Date	Inducted into Full Membership on:



## MEDICAL CONSENT



In these days of lawsuits, medical consent forms are a necessity for every outing. The basic idea of the form is that it gives parental authorization for a doctor to treat a minor. It also provides information on where the parents and family doctor can be located.

The consent form provides protection for the doctor, the child, and the Club director.

1. The Doctor - a doctor who would give medical assistance to a child without the parents' knowledge, would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent form may be enough to persuade a doctor that the parents are unlikely to sue. (Many young people have been given medical aid at a remote hospital or office after the leader produced a consent form. Other times the form has not helped at all).
2. The Child - leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form could severely reduce that chance.
3. The Director - if a child is injured and unable to get proper medical care because the director did not bother to require medical consent forms, that director could certainly be a target for a liability suit.

### **Note:**

Medical consent forms may be dated in such a way that they are suitable for the whole year. This has the obvious advantage of saving a lot of work in collecting new forms for each outing. There are two disadvantages to year-long consent forms. First, a form signed several months ago will not be as impressive to a doctor as one signed yesterday. Secondly, the form won't have current information on the location of the parents. They may be out of town the weekend of the particular outing on which their child is injured. Use your judgment.



# MARANATHA TORCHBEARERS



## MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name		Birthday		Sex	
Cell Phone #			Phone #		
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 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 \_\_\_\_\_

- Emergency Surgery
- First Aid
- Both of the above
- None of the above

(One of the types of treatment must be marked)

### ALL MEDICAL CONSENTS MUSTS 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 \_\_\_\_\_ as identification.

(Notarial Seal)

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