



Welcome Pathfinders and Parents,

We are excited that you have decided to join our 2019 - 2020 Pathfinder group!

This packet includes the following:

**Registration Forms**

- Pathfinder Commitment Form
- Pathfinder Club Membership Application
- Pathfinder Health Record
- Medical Consent & Release Form



Garland Jaguars Pathfinder Club  
Pathfinder Commitment Form  
2019 - 2020

Director: Adam Chancy

- Regular club meetings will be held on the 2<sup>nd</sup> and 4<sup>th</sup> Sundays from 8:00 am – 11:00 am
- Each pathfinder is expected to attend each meeting and to be on time
- Each pathfinder is expected to pay a registration fee and club dues
- There is a one-time registration fee of \$10
- Club dues are \$85 for the year
- Each pathfinder must be current with their dues before attending any club field trip
- Each pathfinder is expected to wear field uniform to each club meeting. The required attire for each regular club meeting is the pathfinder t-shirt, jean pants or shorts (no shorts can go above the knee), pathfinder belt and tennis shoes
- Dress uniform must be worn at all formal events; in addition, it must be ready to be worn at any time
- Each pathfinder will be responsible for purchasing his/her own Class A uniform
- Every pathfinder is expected to have his/her bible, pencil/pen, class work folder, and to be dressed appropriately for every meeting
- No pathfinder can miss more than 3 meetings and still be eligible to get invested
- Each pathfinder will be evaluated on a point system. Each pathfinder will begin with 100 points and they must have at least 80 points to participate in any club field trip. Points will be lost if a pathfinder is not on time, prepared with his/her materials, in proper uniform, etc.

I \_\_\_\_\_ (parent/guardian) understand and agree to the above statements.  
Parent Signature

I \_\_\_\_\_ (pathfinder) understand and agree to the above statements.  
Pathfinder Signature

# Pathfinder Club Membership Application

I would like to join the Garland Jaguars 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

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



Registration Fee \$ 10  
Club Dues \$ 85  
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 mother is a Master Guide:  Yes  No My mother 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 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 claim against the club or the Texas 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 purchasing Pathfinder insurance through the club treasurer.
6. 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 Health Record



Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of last Tetanus Booster \_\_\_\_\_  
Allergies to drugs or food:

Special medications or pertinent information:

List of restrictions:

Father's Home Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Emergency Phone (friend or relative) \_\_\_\_\_

Family Physician Name \_\_\_\_\_

Family Physician Address \_\_\_\_\_

Family Physician Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

## 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 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 so far as I know, 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 photo copying of this health record is granted.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

*This section is for the notary to sign if your state requires it.*



# Texas Conference of Seventh-day Adventists Medical Consent & Release Form



## Guardian and Emergency Contact Information

*This form must be filled out at the beginning of every year to cover the activities for the year.  
A copy of each student's form must be taken on off-campus activities.*

**Please print.**

Attendee's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
Month Day Year

Address \_\_\_\_\_  
Street City St Zip

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Attendee's Health Record and Medical Information

Attendee's Physician's Name \_\_\_\_\_ Physician's Phone ( ) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Health Card No. \_\_\_\_\_ Group No. \_\_\_\_\_

Does the attendee have any medical restrictions?  Yes  No  
 Explain: \_\_\_\_\_

Does the attendee have any activity restrictions?  Yes  No  
 Explain: \_\_\_\_\_

### History

### Shots

### Allergies - List specifics.

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Sore Throats<br><input type="checkbox"/> Sinusitis<br><input type="checkbox"/> Bronchitis<br><input type="checkbox"/> Fainting<br><input type="checkbox"/> Upset Stomach<br><input type="checkbox"/> Kidney Trouble<br><input type="checkbox"/> Convulsions<br><br>Explanations: _____<br>_____ | <input type="checkbox"/> Sleepwalking<br><input type="checkbox"/> Heart Trouble<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Bedwetting<br><input type="checkbox"/> Dietary restrictions<br><input type="checkbox"/> Psychological needs | Date of last tetanus shot<br>_____<br><br><input type="checkbox"/> Drugs _____ Anidote:<br><input type="checkbox"/> Food _____ <input type="checkbox"/> Nurse Administered<br><input type="checkbox"/> Plants _____ <input type="checkbox"/> Self Care<br><input type="checkbox"/> Animals _____<br><input type="checkbox"/> Bee/Insect stings _____<br><input type="checkbox"/> Dietary restrictions _____<br><input type="checkbox"/> Other _____<br>_____<br>_____ |
|--|---|---|

## Medications

Is the attendee currently taking medications?  Yes  No

Explain: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

## Medical and Liability Release

I am applying to participate in an activity of the Youth Ministries Department as scheduled by the Texas Conference of Seventh-day Adventists, and I will abide by all Texas Laws, rules, regulations, policies and directives of the officials of the Texas Conference. I understand that as an attendee, I may be photographed and videotaped during this event. I hereby give to the Texas Conference Youth Ministries my permission to use this material and release them from all liability and give the rights for publication of said materials for future promotions and advertising. Further, I consent and give the Texas Conference Youth Ministries authority and permission to select a medical treatment facility, physician, and all necessary emergency medical care required in case of an accident or emergency illness for me/or my minor child.

**Note:** Every effort will be made to contact me in case of an emergency; however, I will hold the Texas Conference Youth Ministries forever harmless for supervising all required emergency care. I will be responsible for all payments of all treatments, hospitalization, anesthesia or surgery in respect to the emergency care on my behalf. (Parent/Guardian signature required for person under the age of 18 years old).

Attendee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_