

REGISTRATION CHECKLIST

1. Forms - The following forms must be filled out, signed, and sent to staff as part of registration. The Medical Consent & Release forms must have original signatures.

___ Pathfinder Application Form

___ Receipt & Acknowledgement of Handbook

___ Member Questionnaire

Google form: <https://forms.gle/wLU2MTKfKC9Dmx8G6>

___ Parent/Guardian Questionnaire

Google form: <https://forms.gle/zDDUSjeet3XcjTgx8>

___ TWO Medical Consent & Release Forms

Two medical consent forms with an ORIGINAL SIGNATURE on each are required. It is recommended that you fill out everything except the signatures and temperature, then let us make copies before you sign one. Each time we are leaving for a trip, you can sign a copy of your filled out form.

2. Financials

a. ___ Club dues paid or payment plan on file

3. Uniforms

a. ___ Field Uniform T-shirt

Name: list all family members that may participate T-shirt size

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b. ___ Measuring, Cost, & Ordering Class A uniform

4. International Camporee

a. ___ Info packet with commitment letter

RECEIPT AND ACKNOWLEDGMENT
OF
LIGHT BEARERS PATHFINDER HANDBOOK

As the parent/guardian of Pathfinder _____,
I have read the Light Bearers Pathfinder Handbook with my child(ren) and we fully understand the rules, regulations and guidelines as outlined. The policies listed in this handbook are drawn primarily from Biblical principles (and often scripture references are given), and secondarily from staff experience working in children’s ministries and within church leadership. I am aware that the Club staff reserve the right to adjust policies in the handbook to adapt to the changing needs and situations within the Club, and they will inform Pathfinder families in a timely manner.

I am also aware of the responsibility my child holds as a Pathfinder, the responsibilities of the Pathfinder Staff, and my responsibility as a parent/guardian. I agree to encourage my Pathfinder to take an active part in all Club meetings and functions, attend events to which parents are invited in support of my Pathfinder, and to assist Club leaders by serving as a helper when needed.

I understand that the participation of my child in the Pathfinder Club is “at will” and the Club or I may remove my child from the rolls of the Pathfinder Club at any time. I understand that this will not disqualify my child from future participation in Pathfinders although there may be a specified period of time for temporary disqualification should it be deemed appropriate. I agree that if I remove my child from the Pathfinder Club or my child is expelled by the Club I am not entitled to any reimbursement of funds paid for joining the Pathfinder Club.

Parent/Guardian Printed Name

Parent/Guardian Signature

Pathfinder Applicant Printed Name

Pathfinder Applicant Signature

Date

A copy of this sheet must be turned in with the registration paperwork.

Thank you!



Pathfinder Club Membership Application

I would like to join the _____. 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

AY Class

- Friend
- Companion
- Explorer
- Ranger
- Voyager
- Guide
- TLT

Child's Name _____ Date of Application _____

Parent(s)/Guardian(s) Name(s) _____

Address _____ City _____ State _____ ZIP _____

*Cell Phone (____) _____ Home Phone (____) _____

*Email Address _____

Church _____ School _____ *Grade _____

*Emergency contact (friend or relative) _____

	Name	Cell Phone	Relationship to Child
--	------	------------	-----------------------

- 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 Master Guide: Yes No My mother has been a Pathfinder: Yes No

Approval/Consent of Parent/Guardian

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 Adventist** 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/Guardian _____ Signature of Mother/Guardian _____



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 State Zip

Guardian/Father _____ Phone _____ Alt. Phone _____
 Guardian/Mother _____ Phone _____ Alt. Phone _____

Church Name _____ Club Name _____

Area DET (North South) KFW CTX (North South) HBA (North South) VCB

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

History

Tetanus and Temp

Allergies - List specifics

- | | |
|---|---|
| <input type="checkbox"/> No Known History | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Upset Stomach | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Dietary restrictions |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Psychological needs |
| <input type="checkbox"/> Other _____ | |

Date of last tetanus shot

 *Temperature
 Within normal limits (97° - 99° F)

*temperature must be taken on the day of the event

- | | |
|---|--|
| <input type="checkbox"/> No Known Allergies | Medication Administered by: |
| <input type="checkbox"/> Drugs _____ | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Self/Guardian |
| <input type="checkbox"/> Plants _____ | |
| <input type="checkbox"/> Animals _____ | |
| <input type="checkbox"/> Bee/Insect stings _____ | |
| <input type="checkbox"/> Dietary restrictions _____ | |
| <input type="checkbox"/> Other _____ | |

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 _____



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 State Zip

Guardian/Father _____ Phone _____ Alt. Phone _____
 Guardian/Mother _____ Phone _____ Alt. Phone _____

Church Name _____ Club Name _____

Area DET (North South) KFW CTX (North South) HBA (North South) VCB

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

History

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Allergies - List specifics

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|---|---|
| <input type="checkbox"/> No Known History | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Upset Stomach | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Dietary restrictions |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Psychological needs |
| <input type="checkbox"/> Other _____ | |

Date of last tetanus shot

***Temperature**

Within normal limits (97° - 99° F)

*temperature must be taken on the day of the event

- | | |
|---|--|
| <input type="checkbox"/> No Known Allergies | Medication Administered by: |
| <input type="checkbox"/> Drugs _____ | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Self/Guardian |
| <input type="checkbox"/> Plants _____ | |
| <input type="checkbox"/> Animals _____ | |
| <input type="checkbox"/> Bee/Insect stings _____ | |
| <input type="checkbox"/> Dietary restrictions _____ | |
| <input type="checkbox"/> Other _____ | |

Medications

Is the attendee currently taking medications? Yes No

Explain: _____

Drug Name: _____ Dosage: _____
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Attendee's Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____