

Michigan Conference Pathfinder Member Application 2016 – 2017

PMC EVERGREEN PATHFINDER CLUB

APPLICANT & PARENT INFORMATION

Applicant's Name: _____ Preferred First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Cell Phone: _____ Applicant's Email: _____

Home Phone: _____ Birthday: _____ / _____ / _____ (year/month/day)

Father's Name: _____ Father's Email: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Mother's Email: _____

Work Phone: _____ Cell Phone: _____

School: _____ Grade: _____ AY Class Completed: _____ Church: _____

Is the applicant a baptized Seventh-day Adventist? Yes ___ No ___ Baptism Date: _____ (year/month/day)

Applicant lives with: Mom ___ Dad ___ Both ___ Other ___ If other, specify relationship: _____

APPROVAL BY PARENTS OR GUARDIANS

I have read the Pathfinder Code of Conduct and am willing and desirous that the applicant become a Pathfinder. I will assist the applicant in observing the rules of the Pathfinder organization. In consideration of the benefits derived from membership, I hereby voluntarily waive any claim against the Evergreen Pathfinder Club, the club staff, the Pioneer Memorial Church, or the Michigan Conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Evergreen Pathfinder Club now and at any future time.

As parent/guardian I understand that the Pathfinder Club includes many opportunities to serve others and adventure together with friends under the leadership of committed Christian adults.

I/we will cooperate by:

- 1) Learning how I/we can assist the applicant and the club leadership;
- 2) Encouraging the applicant to take an active part in all club activities;
- 3) Attending events to which parents are invited;
- 4) Supplying at least one email address that is regularly checked to read club communications.

Primary Email: _____

I understand that the club will be following rules outlined in the Pathfinder Staff Manual and the Evergreen Pathfinder Handbook.

Members who regularly miss scheduled meetings or whose conduct at any Pathfinder event is not consistent with the Pathfinder Code of Conduct will face disciplinary action as outlined in the Pathfinder Club Handbook. Failure to adhere to club standards will cause members to forfeit the privilege of attending the next club recreation night, camping trip or other special event. Continual misconduct may jeopardize club membership. Absences such as the illness of the Pathfinder, family emergency or mandatory school functions may be excused by parents.

By signing this form I signify that I have carefully read this application form and agree to all the terms and conditions herein.

Parent/Guardian Signature

Date of Application

COMPLETE OTHER SIDE, TOO >>>

Health History, Consent to Treatment & Health Insurance Information

PMC EVERGREEN PATHFINDER CLUB

HEALTH HISTORY OF APPLICANT: _____ (full name)

List any health problems or concerns: _____

List any allergies: _____

Specify current medications: _____

Describe any physical restrictions: _____

Describe any dietary restrictions: _____

Date of last tetanus immunization/booster: _____ Permission to administer in an emergency? ___ Y ___ N

Physician's Name: _____ Physician's Phone Number: _____

PARENT/GUARDIAN CONSENT TO TREATMENT

I, the undersigned parent/guardian, hereby give my consent for the above named child to participate in the 2016 – 2017 Pathfinder Club. I am aware that my child may at some point require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment becomes necessary for my child, I grant Maureen Raj (Club Director), or other club staff, authority to obtain such emergency medical assistance. I further grant permission for medical personnel to administer emergency medical treatment.

I also consent to my child's being transported for the purposes of Pathfinder Club activities, in private, church owned or Andrews University owned vehicles or other modes of transportation as may be deemed necessary. I understand that said vehicles will be driven by adults 21 years old or above and, in the case of University owned vehicles, that the drivers will be approved by the University Transportation Department. I understand that a permission slip will need to be signed for each field trip.

I further consent to having this child work with club staff members outside the regular club meeting times for special club events, for honors or for class activities arranged by the club staff team. I agree to indemnify and hold harmless the Lake Union, the Michigan Conference of Seventh-day Adventists, the Pioneer Memorial Church, and the Evergreen Pathfinder Club and its leaders and staff from liability arising from any accident or injury occurring during club-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities.

This consent shall remain in continuous effect until August 31, 2017, or until revoked in writing and delivered to the Club Director or to the club staff entrusted with the custody of said minor.

Signature of Parent/Guardian _____ Print Full Name _____ Relationship to Applicant _____ Date _____

MEMBER HEALTH INSURANCE INFORMATION

The above named Pathfinder applicant is _____ is not _____ covered by health insurance.

Present Health Insurance Company: _____ Policy Number: _____

Insured Parent/Guardian Name: _____ Employer: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____