2022-2023

Club Name Registration Form



# The Pathfinder Pledge

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.

# The Pathfinder Law is for me to:

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 errand.

This membership application form must be completed by the parent/legal guardian of the applicant.

# Requirements for Club Membership

1. The Pathfinder must be at least 10 and no more than 16 years of age.
2. The Pathfinder must agree to participate in regular Club meetings and activities which include, Camporees, outings and fund-raising events.
3. The Pathfinder must agree to be regularly attend all Club meetings and activities organised by the Club.
4. The Pathfinder must pay any specified club fees. Details given separately.
5. The Pathfinder should own and regularly wear a complete Pathfinder dress uniform and club field uniform, where applicable.
6. The Pathfinder is expected to obey all regulations, instructions and orders from the Pathfinder staff.

# Pathfinder (Applicant)

# Please ✓ the current registering class



|  |
| --- |
| Ranger  |

 Friend R



|  |
| --- |
|  Voyager |

 Companion



|  |
| --- |
|  Guide |

 Explorer

Full Name: DOB: / /

Address:

 Mobile: Church:

# Applicant’s Medical Details

We are requesting the following health information as it may be relevant to our duty of care for your child during certain club sessions/activities.

1. Are they in good health without any longstanding illnesses? YES / NO

(If NO, please give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have they had/do they have any of the following health conditions? YES / NO

 (If YES, please tick those that apply, and give further details)

Diabetes **O** Kidney disease **O** Menstrual problems **O**

Heart problems **O** Fainting spells **O**  Epilepsy **O**

Travel Sickness **O**  Mental health problems **O** Hay fever **O**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have they ever been hospitalised with any of the above health conditions or any other condition not stated above? YES / NO

(If YES, please give details)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have they had / do they currently have Asthma? YES / NO

If yes:

1. Do they carry an inhaler or any other medication for your asthma? YES / NO
2. Have they ever been hospitalised due to your asthma? YES / NO
3. How many times have they needed to use their inhibitor inhaler (usually blue) in the past 4 weeks?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e) Are they allergic to any of the following? YES / NO (If YES, please tick those that apply, and give details)

 Penicillin O Anaesthetic O Plasters O Nuts O

1. Do they have any other allergies (e.g. to foods, medicines etc)? YES / NO (If YES, please give details)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any other issues that we need to be aware of such as behavioral challenges, disabilities etc? YES / NO (If YES, please give details)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Agreement by Pathfinder

I would like to join the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pathfinder Club. I will attend regular Club meetings and activities and agree to be guided by Rules for Club Membership, the Pathfinder Pledge, Law, Motto and Aim



Signature/Name of Pathfinder:

# Parent / Legal Guardian Consent

Please indicate your agreement to each of the following points by ticking the appropriate box.

I have read the Requirements for Club Membership, the Adventurer Pledge and the Adventurer Law. I am willing and desirous that the applicant become an Adventurer. I will assist the Adventurer in observing the rules of the Adventurer Club and are willing to co-operate with the regulations and activities of the Club.

I understand that the Adventurer Club programme is an active one for the applicant. It includes many opportunities for service, adventure and fun. I agree to the applicant taking part in the activities and 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.

I understand that pictures or video may to be taken of Club meetings and activities, and consent to the use of such, that may contain my son/daughter, in video, on the web or in printed publication, by Seventh-day Adventist Church in Ireland.

I under that transport may be necessary for activities. I give permission for my son/daughter to be avail of such transport, so long as it is in a roadworthy vehicle, the driver is insured and has a driving licence relevant to the category of vehicle they are driving.

In consideration of the benefits derived from membership, I hereby voluntarily waive any claim against the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adventurer Club and the Seventh-day Adventist Church in Ireland of any accidents which may arise in connection with the regular Club meetings and activities of the Adventurer Club.

I consider my son/daughter fit to participate in all club activities, unless specified in writing by me, and agree to them receiving any medication as instructed, as well as any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

In the unlikely event of an emergency, I agree to the following person being contacted if I cannot be contacted:

Name:

Mobile:

I consent to the processing & storage of my data and the data of my son/daughter. I understand that I can withdraw consent at any time by emailing info@ranelaghadventist.ie

## Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent Signature:

**Date:** / /