



Immanuel Eagle Pathfinder Club

Immanuel SDA Church, Toronto, Ontario, Canada

Membership Application

PATHFINDER LAW

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

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.

I _____ would like to join the Immanuel Eagle Pathfinder Club. I promise to attend club meetings, campouts, missionary adventures, and other club outings and activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Pathfinder Signature

Last Name: _____ First Name: _____

Sex: Male Female Email: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____ Cell: _____

Date of Birth: ____/____/____ (mm/dd/yr)

Registration Fee: \$ _____

Parent / Guardian Approval

We hereby signify the applicant is at least 10 years of age. 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 cluibe against the club of the Ontario 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:

- By learning how we can assist the applicant and his leaders
- By encouraging the applicat to take an active part in all club activities
- By attending events to which parents/guardians are invited
- By supplying needed information on the Membership Application and Health Record

Name of Father / Guardian

Name of Mother or Guardian

Signature of Father / Guardian

mm/dd/yr

Signature of Mother or Guardian



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Medical Information and Release Record

Emergency Contact Information:

In the following section, please list the guardian's name and contact information as well as an additional emergency contact person. The additional person will be notified if the guardian(s) cannot be reached.

Pathfinders' Name: _____ **Date of Birth:** ____/____/____ (mm/dd/yr)
Legal Guardian: _____ **Address:** _____
City: _____ **Province:** _____ **Postal Code:** _____
Home Phone: _____ **Cell:** _____
Secondary Guardian: _____ **Relationship:** _____
Home Phone: _____ **Cell:** _____

Health Record and Medical Information

The Ontario Conference of Seventh-day Adventists' is required by law to obtain the following health information before accepting a camper. Please include a copy of immunization record with registration form.

Physicians Name: _____ **Office Phone:** _____

Health Card# _____

History: (circle)

- Sore Throat
- Sinusitis
- Bronchitis
- Fainting
- Stomach upset
- Kidney trouble
- Special dietary
- Convulsions
- Other: _____

- Sleepwalking
- Heart Trouble
- Diabetes
- Asthma
- Bed-wetting

Allergies: (circle)

- Drugs
- Plants
- Animals
- Foods
- Bee/Insect Stings

Antidote:

- Benadryl
- Epikit
- Nurse Administered
- Self care
- Other: _____

Medications: (circle)

Is this member currently taking medication?

No Yes

Drug Name _____

Dosage _____

Time _____

Permission to administer:

Tylenol Plain Yes No

Aspirin Yes No

Medical and Liability Release:

I am in favour of the aforementioned camper attending camp and participating in all activities unless otherwise specified. As legat guardian I accept the conditions stated, including the release of the Immanuel Eagle Pathfinder Club from liability in case of accident of illness. I support, and the applicant agrees to abide by all regulations and policies. In case of emergency i give permission to the nurse/adult leader selected by camp to hospitalize, secure proper treatment for and to order injections, anaesthesia or surgery for my child. if the camper's medical information chances after initial submission I will notify the Immanuel Eagle Pathfinder Club

Parent / Guardian Name: _____

Parent / Guardian Name: _____

Signature: _____

Signature: _____

Date: ____/____/____ (mm/dd/yr)

Date: ____/____/____ (mm/dd/yr)