Mountain View Seventh-D "Mountaineers Pat Registration	hfinder Club"	For Internal Use Only Class to Register:
Youth's Name		
If you have been a Pathfinder before, plea Friend Companion Explorer Ra		(As of today) ich you have been invested:
Health Information:		
Health Care Number:		
Family Physician's Name(s)		
Office Address		
Please list all allergies or other issues we h	nave to be aware of. Include also any	medication needed.
Parent/Guardian Information:		
Parent(s)/Guardian(s) Name(s)		
Address		
*Cell Phone()		
*Email Address		
*Emergency contacts (friend or relative),		
Name	Cell Phone	Relationship to Child
 Name	Cell Phone	Relationship to Child
Church	School	

# **Applicant Commitment:**

I,\_\_\_\_

\_\_\_\_\_\_ want to join the MOUNTAIN VIEW SDA MOUNTAINEERS PATHFINDER CLUB

# Name of Applicant

I will attend meetings, activities, field trips, and other club activities. I will wear my Pathfinder uniform and obey club guidelines. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Signature of Pathfinder

# Approval/Consent of Parent/Guardian

As parent/guardian, we understand that the Pathfinder program is active and includes many opportunities for service, adventure, fun, and learning. I will support the program by:

- 1. Encouraging my Pathfinder to take an active part in all club meetings and functions.
- 2. Attending events to which parents are invited in support of my Pathfinder.
- 3. Assisting club leaders by serving as a helper when needed.
- 4. Not holding any individual club staff member liable in the event of an accidental injury.
- 5. Giving my permission for the above-named Pathfinder to attend Pathfinder activities.

# REGISTRATION FEE: \$40.00 Payable due on September 22, 2023.

For Internal Use Only \_\_\_Paid Treasurer Signature:

Youth's	Name	
1046115		

# **Photo Consent:**

I hereby give permission for my child(ren)'s picture(s) be taken at events/ functions pertaining to the Pathfinder Club (Calgary SDA, Alberta Conference). I understand that pictures and/ or written name(s) of my child(ren) may be used by other conference clubs at other events. This may take form of a poster, powerpoint presentation, album, SDA publications, etc.

Name of Parent/Guardian		Date	
Medical Release:			
<b>.</b> ,	ny kind, and I as a parent cannot be contacted		
	pitalize/secure proper medical treatment, and	d to order injection / anesthesia or	
surgery for my child if deemed nec	essary by the attending physician.		
Name of Parent/Guardian	Signature of Parent/Guardian	Date	
Pick-up Authorization:			
The following individuals are autho	rized to pick up my child from Pathfinder mee	etings or other Pathfinder functions.	
Name	F	Relationship to Child	
Name	F	Relationship to Child	
Name	F	Relationship to Child	
Name	F	Relationship to Child	
Name of Parent/Guardian	Signature of Parent/Guardian	Date	
Volunteer:			
Please check one or more of the fo	llowing areas that you are interested helping	as a volunteer:	
Teach an honour, please write if	you have any expertise		
Special Events			
Fundraising			
Equipment Supplies and donatio	ns		
Chaperone			
Other:			

If you have a police check done and it is up-to-date please check here \_\_\_\_\_ and please send us one copy by email to: pathfinderdirector@mountainviewadventist.ca