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 Pathfinder Law** By the grace of God, 1. Keep the Morning Watch I will be pure, kind, and true 2. Do my honest part I will keep the Pathfinder Law 3. Care for my body I will be a servant to God 4. Keep a level eye And a friend to man 5. Be courteous and obedient 6. Walk softly in the sanctuary 7. Keep a song in my heart 8. Go on God's errands Registration Fee____ Club Dues_____ Insurance___ Address _____ City ____ State ____ Zip ____ School _____ Grade____ Church I have been a Pathfinder: ☐ Yes ☐ No Where? ____ My dad is a Master Guide: My dad has been a Pathfinder: ☐ Yes ☐ No My mother has been a Pathfinder: ☐ Yes ☐ No ☐ Yes ☐ No My mother is a Master Guide: ☐ Yes ☐ No **Approval by Parents or Guardians** The applicant must be in at least the 5th grade to be a 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 Kentucky-Tennessee Conference of Seventh-day Adventists 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 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 or guardian Father's or guardian's occupation Signature of mother or guardian Mother's or guardian's occupation Date of application