

SECC PATHFINDER & STAFF

Registration/Insurance Form

This application is for: **Staff (18+)** circle one: *director asst. director secretary instructor other*
 Master Guide circle one: *invested training*
 Teen Counselor circle one: *invested training*
 Member

Applicant's Information

Church _____ **Date** _____
Name _____ **Phone** _____
Address _____ **City** _____ **Zip Code** _____
Email _____
Age _____ **Birth Date** _____ **Grade in School** _____
School you attend _____
Church you attend _____ **Are you baptized?** _____

Applicant's Agreement

I, _____, want to join the _____. I will attend all "Share Your
(applicant's name) (Pathfinder Club)
Faith" activities, outings, and other club activities, unless I am ill. I will proudly wear my Pathfinder uniform. I will obey club rules and understand that they have been made for my safety and that of my peers. I will be cheerful, helpful, honest, kind and courteous.

(applicant's signature)

Approval/Consent of Parent/Guardian

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

1. Encouraging my Pathfinder to take an active part in all club meetings and functions
2. Attending all 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 injury
5. Giving my permission for the above named Pathfinder to attend all Pathfinder activities
6. Paying Southeastern CA Conference registration/insurance fees in the amount of \$10.00
7. Paying local club fees in the amount of \$ _____

(parent/guardian's signature)

WHITE Copy - SECC Youth Ministries

YELLOW Copy - Pathfinder Club

PINK Copy - Parent/Guardian