

APPLICATION FORM

2023



Name _____ Contact Number _____
Age _____ DOB _____ Parent's email _____
Address _____
School _____ Year _____ Church _____

Please complete the following questions:

I would like to join the _____ Pathfinder Club

Have you been a Pathfinder before? ☐ Yes ☐ No If yes, where? _____

Please tick the classes you have completed:

Friend (10 yrs) ☐

Companion (11 yrs) ☐

Explorer (12 yrs) ☐

Ranger (13 yrs) ☐

Voyager (14 yrs) ☐

Guide (15 yrs) ☐

What class do you wish to join? _____ Do you have a full parade uniform? ☐ Yes ☐ No

BASIC MEDICAL DETAILS

Medicare Number _____ Position on card _____

Emergency Contact Name _____ Contact Number _____

Medical Record

Allergies ☐ Plants _____

☐ Foods _____

☐ Bee Stings _____

☐ Drugs _____

☐ Other _____

Medication Required _____

Physical Abnormality _____

Medical History _____

Last Tetanus Injection _____

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TO BE COMPLETED BY PARENT/GUARDIAN

As a parent/guardian I have worked with Pathfinders in the following activities _____

I am willing to assist the Pathfinder Club in

- ☐ Being a teacher
- ☐ Transport
- ☐ Fundraising
- ☐ Equipment Repair
- ☐ Making a Donation
- ☐ Other _____

Name _____ Working With children Check Number _____

CONSENT & RELEASE - TO BE COMPLETED BY PARENT/GUARDIAN

We have read the requirements for membership in the _____ Pathfinder Club and hereby certify that _____ (child's name) has reached the age of 10 years or over. We wish that he/she becomes a Pathfinder.

As parents/guardians, we understand that the Pathfinder Club Program is an active one for the applicant. It includes many opportunities for service, adventure and fun.

In the event of accident or illness, I also authorise the Pathfinder Director to consent, where it is impractical or communicate with me, for me / my child to receive any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I also authorise to engage such treatment. I agree to pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required.

I agree to meet the expense of me / my child being returned home, by the director or leaders. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Pathfinder Director, non-cooperation of any description or the inability to meet the rigours and requirements of the activity.

We plan to use photos of Pathfinders for promoting and reporting purposes. If you do not want your child/self picture(s) used please inform us by letter/email.

I agree to me / my child attending Pathfinder Activities on this understanding.

Signed _____
Participant Date

Signed _____
Parent/Guardian (if applicant is aged under 18yrs) Date