



# APPLICATION FORM

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 \_\_\_\_\_