



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 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 _____



APPLICATION FORM

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 _____ Date _____
Participant

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