PATHFINDER APPLICATION 2019 FORM PACK

BASIC MEDICAL DETAILS

Medical Record: (Allergies/Drugs) _____

Plants: _____ Foods: (eg Peanuts) _____

Bee Stings: _____ Other: _____

Medicare No: _____

Physical Abnormality: _____

Last Tetanus Injection: _____

Level of Swimming Ability: O NONE O BASIC O CONFIDENT O ADV

History: (Please Circle)

ASTHMA / FREQUENT SORE THROAT / SINUSITIS / ABSCESSED EAR

BRONCHITIS / FAINTING / STOMACH UPSETS / CONSTIPATION

KIDNEY TROUBLE / CONVULSIONS / SLEEP WALKING

ATHLETE'S FOOT / HEART TROUBLE / RHEUMATIC FEVER / DIABETES

OTHER: _____

_____

IMPORTANT: Please list any specific emergency treatment your child may require to relieve any of the above conditions: _____

_____

_____

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

I am willing to assist the Pathfinder Club in:

O Being a teacher O Craft Leader O Make a donation

O Transport O Repair Equipment

O Other: _____

PATHFINDER APPLICATION FORM

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Name of Pathfinder: _____

Phone _____ Parent Mobile: _____

Address: _____

_____

_____ Postcode: _____

Email: _____

School:_____ Grade: _____

Church _____ Age _____ D.O.B _____

(Minimum age at beginning of the year is 10 years)

Please Complete the following questions

I would like to join the _____ Pathfinder Club

Have you been an Pathfinder before? ☐ Yes ☐ No

If yes, where? _____

Please tick the classes you have completed

- ☐ Friends
- ☐ Companion
- ☐ Explorer
- ☐ Ranger
- ☐ Voyager
- ☐ Guide

What class do you wish to join?_____

Do you have a full Uniform? _____

To be completed by the Parents:

We have read the requirements for membership in the _____ Pathfinder Club and hereby certify that _____ (child's name) has reached the age of ten years or over. We are willing and desirous 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 Club 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 Club 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 ***Date***