



Adventurer Club *Pathfinder Club* *Master Guide Club*

SDA CHURCH IN CANADA

☐ Adventurer (Ages 4-10) ☐ Pathfinder (Ages 10 - 16)

☐ Master Guide (Ages 16 +)

MEMBERSHIP APPLICATION

☐ Applying for Membership

☐ Renewing Membership

☐ Transferring Membership
 From: _____

Class Levels Completed:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Little Lamb | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Eager Beaver | <input type="checkbox"/> Companion |
| <input type="checkbox"/> Busy Bee | <input type="checkbox"/> Explorer |
| <input type="checkbox"/> Sunbeam | <input type="checkbox"/> Ranger |
| <input type="checkbox"/> Builder | <input type="checkbox"/> Voyageur <input type="checkbox"/> TLT |
| <input type="checkbox"/> Helping Hand | <input type="checkbox"/> Guide <input type="checkbox"/> Master Guide |

Last Name:
 First Name:
 Age:
 Date of Birth:

Address:
 City/Province:
 Postal code:
 Phone Number:
 Email:

APPROVAL BY PARENTS/GUARDIANS

We hereby signify the applicant is at least 4 years of age. We have read the Pledge and Law pertaining to the age group and are willing and desirous that the applicant become an Adventurer, Pathfinder, or Master Guide. We will assist the applicant in observing the rules and guidelines of the Adventurer organization.

As parents/guardians, we understand that the Adventurer, Pathfinder, or Master Guide Club program is an active one for the Applicant and parents/guardians. It includes many opportunities for service, adventure and fun. We will cooperate:

1. By learning how we can assist the applicant and his/her leaders.
2. By agreeing to take an active role with the applicant.
3. By attending all events with the applicant where possible.

Signature of Parents/Guardians: _____

Date _____

Applicant's Commitment

I agree to be guided by the rules of the Club and the Adventurer, Pathfinder, or Master Guide Pledge and Law; and
 I will attend club meetings, campouts, missionary adventures, and other club outings and activities.

Signature of Applicant: _____

Date _____

Club use only

Check when Completed:

- | | | |
|---|--|---|
| <input type="checkbox"/> Membership Application (This form) | <input type="checkbox"/> Health and Medical Record | <input type="checkbox"/> Uniform Form Signed and Issued |
| <input type="checkbox"/> Consent and Waiver Form | | |

Signature of Director(s): _____ Date mm/dd/yy: _____



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SDA CHURCH IN CANADA

ADVENTURER PLEDGE

Because Jesus loves me, I will
always do my best.



ADVENTURER LAW

Jesus can help me to:

- | | |
|---------------|---------------|
| Be obedient | Be attentive |
| Be pure | Be helpful |
| Be true | Be cheerful |
| Be kind | Be thoughtful |
| Be respectful | Be reverent |

PATHFINDER PLEDGE

By the grace of God:

I will be pure, and kind, and true.
I will keep the Pathfinder Law
I will be a servant of God and a
friend to man.



PATHFINDER LAW

Is for me to:

Keep the morning watch
Do my honest part
Care for my body,
Keep a level eye
Be courteous and obedient
Walk softly in the sanctuary,
Keep a song in my heart,
Go on God's errand.

MASTER GUIDE PLEDGE

"Loving the Lord Jesus, I promise
to take an active part in
Adventurers, Pathfinders and
Youth Ministries, doing what I can
to finish the work of the gospel in
all the world".



MASTER GUIDE LAW

"The Master Guide Law calls me to: be an
example in Word, Conduct, Love, Spirit,
Faith, and Purity." (Based on 1 Timothy
4:12)



PATHFINDER CLUB

MEDICAL CONSENT FORM

PARTICIPANT INFORMATION (Pathfinder/Volunteer):

Full name:	
Date of birth:	
Phone number:	

PARENT/GUARDIAN INFORMATION (if participant is under 18):

Name:	
Relationship to participant:	
Primary phone number:	
Secondary phone number:	

MEDICAL INFORMATION:

BC Care Card #:	
Date of last tetanus shot:	
Family physician name:	
Physician phone number:	
Allergies (food, medication, insects, etc.):	
Medications currently taking:	
Medical conditions (asthma, diabetes, etc.):	

EMERGENCY CONTACT (if different from parent/guardian):

Name:	
Relationship to participant:	
Phone number:	

CONSENT FOR MEDICAL TREATMENT:

I, the undersigned, do hereby authorize the staff, leaders, and medical personnel associated with the _____ Pathfinder Club to provide necessary medical treatment for the above-named participant in the event of an illness or injury during any club activity or event. This includes emergency medical care and transportation if deemed

I understand that reasonable precautions will be taken to ensure the safety of all participants. I also understand that I am responsible for any medical costs incurred that are not covered by insurance.

I understand that all known medical issues, allergies, and medications have been disclosed on this form.

If the participant is under 18, I, the parent/legal guardian of the participant, hereby give consent for the Pathfinder Club staff to administer medical treatment as stated above.

Signature of parent/guardian/participant (if 18 years or older):

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Name (print):

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Date:

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CONSENT, WAIVER AND INDEMNITY (RELEASE) FORM

_____**Seventh-day Adventist Church**

British Columbia Conference (Seventh-day Adventist Church)

(_____**Pathfinder Club Activities**)

PLEASE READ CAREFULLY BEFORE SIGNING, THIS IS A LEGAL DOCUMENT AND AFFECTS YOUR LEGAL RIGHTS

****This form cannot be altered***

Participant/Minor's Name _____

Care Card # _____ Cell # _____

I am requesting, as the parent or legal guardian of the minor identified above that he/she be allowed to participate fully in the activities undertaken from September 1, 2025 to August 31 2026, inclusive, as part of the Pathfinder activities at the _____ SDA Church (Pathfinder Club).

I understand that the Activities may include travelling to various parts of the Province of British Columbia and undertaking various activities, some of which are not yet known. I further understand that there are risks on behalf of the Minor, which risks may include the risk of serious bodily harm, damage/loss to property and death. Activities and Events include, but are not limited to, Pathfinder Camporee/Adventurer Campout, Hiking, Community Service projects, Can Collecting, Camping, Swimming, Canoeing, Rock Climbing, Biking, Water Slides and/or field activities.

On my behalf and on the behalf of the Minor, I waive any rights and release and discharge any claims or causes of action whatsoever that I and/or the Minor may have now or in the future against the _____ SDA Church, the Seventh-day Adventist Church (British Columbia Conference) (SDACC), and their respective affiliates, members, directors, officers, leaders, agents, volunteers and/or employees (together defined as "SDABCC") arising out of or in any way connected with the Minor's participation in any activities of the _____ SDA Church, I agree to indemnify and hold harmless the church/SDABCC from any actions, suits, claims, or demands whatsoever that the Minor may have or may bring against the Church/SDABCC arising out of or in any way connected with the Minor's participation in the activities or other activities of the Church/SDABCC. I further agree to indemnify and hold harmless the Church/SDABCC from any actions, suits, claims, demands whatsoever, arising out of any negligent wrongful or illegal act or omission that the Minor may commit in respect of or during the activities or other activities of the SDABCC.

I have disclosed any and all medical conditions and/or allergies, on the medical information Form from which the minor suffers, I hereby authorize and consent to the Pathfinder Club/the Church or SDABCC making decisions with respect to medical treatment and/or hospitalization for and on behalf of the minor while the minor is involved in the activities at or away from _____ (Church),

The Minor and I support the policies of the SDABCC and of the _____ SDA Church, and agree to be bound and abide by them.

I acknowledge and agree that the information in this Consent, Waiver and Indemnity Form is collected to assist in the implementation of the Minors' participation in the activities and other activities of the _____ Church. It will be used for the purpose of implementing those activities, for contacting me as deemed necessary for providing or arranging for medical treatment for the Minor. The information will be provided to those providing medical treat to the Minor. I agree that the _____ SDA Church/SDABCC may use photographs, videos or other images of the minor for the purposes of promoting the Church and/or the programs of SDABCC.

All of the above is understood and agreed to on this ____ day of _____, 20____.

Signature (Parent or LEGAL guardian must sign)

Print Name