



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. (Adventurer Club only)

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: _____



Adventurer Club *Pathfinder Club* *Master Guide Club*

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)



ADVENTURER AND PATHFINDER CLUB MEDICAL CONSENT FORM



PARTICIPANT INFORMATION (Adventurer/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 _____ Adventurer/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 Adventurer/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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