St. George Pathfinders, Inc.
Western American Region

ANNUAL DUES 2023 / ГОДОВЫЕ ЧЛЕНСКИЕ ВЗНОСЫ 2023

Годовые членские взносы / Dues this year are:

$80 каждый член / per individual member

$60 Скауты пенционного возраста / Special Pricing per Individual Retiree

Please make checks payable to "St. George Pathfinders" and send to address listed directly below along with your completed release forms **by March 31.**
Payments through Zelle may be made to: razvedchik.dnn@gmail.com
Payment through Square may be made to: https://razvedchik.square.site/

St. George Pathfinders
c/o Zoya Lechtholz
3916 Berryman Ave.
Los Angeles, CA 90066

To be fully registered you must return all items:

1. Signed/Completed Medical Consent Form
2. Photo/Insurance Information Form (Children)
3. Dues Payment (late fees may apply to renewing members who do not pay by the deadline)

You must notify us if any of your information changes during the year.

St. George Pathfinders, Inc.
Western American Region
Division "Kiev" / Division "Nizhni Novgorod"

OFFICE USE ONLY:
Check #:_____
Date:_____
Amount:_____

ADULT CONSENT FOR MEDICAL AND SURGICAL CARE FORM

I _____(your name) hereby give my consent to receive medical or surgical treatment and to be hospitalized if necessary in case of injury or possible sickness while participating in the 2023/2024 program and/or traveling with the St. George Pathfinders.

It is agreed that in the event of sickness, injury or accident I will assume full financial responsibility for the payment of medical and/or other costs.

It is further recognized and agreed that St. George Pathfinders, their officers and individuals placed in charge, will not be liable in any way for accidents, injury or other mishaps whether the result of negligence or other cause.

By submitting my membership registration / or as parent or guardian of my child, I acknowledge the use of photographs/media taken during events or activities for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources).

It is understood that in case of emergency every effort will be made to contact the person listed below.

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relationship: _____

Phone: Res: _____ Cell: _____

List below the medical insurance in effect for the individual signing this form:

Name of Insurance Company: _____

Policy Number: _____ Date of Birth_____

I am known to be allergic to the following foods and medications. Additionally, special attention should be paid to the following medical problem: (e.g. other allergies, fainting, diabetes, heart disease, epilepsy, etc.)

_____

Please acknowledge by marking appropriate boxes below:

- ☐ I have had Covid-19
- ☐ I have been vaccinated for Covid-19 and am up-to-date with my booster shots

SIGNATURE SIGNIFIES CONSENT/AUTHORIZATION THROUGH 3/31/2024 UNLESS OTHERWISE SPECIFIED.

Signature (Legal Name) _____ Date _____

Address: _____ City/State/Zip:_____

Email Address: _____

Phone: Res: _____ Cell: _____

Phone Number for Group Chat/Group Text: _____