



**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 пенсионного 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](mailto: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: \_\_\_\_\_

Ins Card: \_\_\_\_\_ Photo: \_\_\_\_\_

**PARENTAL RELEASE & CONSENT FOR MEDICAL AND SURGICAL CARE FORM**

I/We hereby give consent for:

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ (month/day/year) to participate in all 2023/2024 activities including, but not limited to Summer Camp conducted by the St. George Pathfinders and travel by bus, private auto or other type of vehicle with the St. George Pathfinders.

I/We agree to direct our child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the program. Furthermore, the undersigned agrees to hold the St. George Pathfinders, their officers and all individuals (volunteer adults or other scout campers) placed in charge harmless of any claims that may arise against them from bodily injury or property damage due to accidents or occurrences arising out of my/our child's participation and/or travel in the course of said program whether the result of negligence or any other cause.

Use or possession of alcohol, drugs or smoking material during the Camp sessions on or off the Camp premises will lead to automatic expulsion from the Camp. Rules for acceptance and participation in the program are the same for everyone without regard to race, color, or national origin.

By signing below, I/we hereby give permission for child named above to receive from camp staff over-the-counter medications (i.e., aspirin, Tylenol, topical ointment, etc.) and/or medical or surgical treatment and to be hospitalized if necessary in case of injury or possible illness while participating in a program and/or traveling with the St. George Pathfinders.

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 further recognized and agreed that the 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.

**IT IS UNDERSTOOD THAT IN CASE OF EMERGENCY EVERY EFFORT WILL BE MADE TO CONTACT US OR THE PERSON LISTED BELOW:**

**Parent/Guardian:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

**Email Contact Information:**

Scout Member Cell for Text/Group Chat: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Alt. Email: \_\_\_\_\_

**Listed below is the medical insurance in effect for the above named child and attach copy of Medical Insurance Card (both sides).**

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child is 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, enuresis (bed-wetting), epilepsy, etc.):

Tetanus shot in effect (date) \_\_\_\_\_ good through \_\_\_\_\_

Please acknowledge by marking appropriate boxes below:

☐ Child has had Covid-19    ☐ Child has been vaccinated for Covid-19 and my last booster was \_\_\_\_\_ (date)

**SIGNATURE SIGNIFIES CONSENT/AUTHORIZATION THROUGH 3/31/2024 UNLESS OTHERWISE SPECIFIED.  
TO BE SIGNED BY PARENT OR GUARDIAN.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CURRENT CHILD'S PHOTO (SCHOOL OR PASSPORT)**

Attach copy here

**COPY OF CURRENT INSURANCE CARD**

Front:

Attach copy here

Back:

Attach copy here