

Austin Knights



PATHFINDER REGISTRATION FORM

PATHFINDER *The Pathfinder should fill out this page.*

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Date of Birth: _____

Current Grade: _____ Current School: _____

I, _____, wish to join the Austin Knights Pathfinder Club. I will attend club meetings and events, and participate in outreach, service projects, and fundraising. I agree to follow club expectations and guidelines and will strive to live up to the standard of the Pathfinder Pledge and Law.

Pathfinder's Signature: _____ Date: _____

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

The 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
- And go on God's errands

Have you been invested in...?

Friend
Companion
Explorer
Ranger

Voyager
Guide
Master Guide
None of these

What types of Pathfinder activities do you enjoy most?

Hikes
Meeting other Pathfinders
PBE
Singing
Games
Fundraisers
Camping

Earning badges
Honors Fair
Nature activities
Social events
Field day
Drilling/marching
Community service projects

Crafts
Studying the Bible
Being in charge of activities
or people
Sharing Jesus with others
Anything with food

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PARENT/GUARDIAN *The parent/guardian should fill out this page.*

Parent/Guardian 1

First Name: _____ Last Name: _____

Cell Phone Number: _____ Email: _____

Date of Birth: _____ Relationship to Pathfinder: _____

Check all that apply:

My address is the same as the above Pathfinder's address.

I am the parent or legal guardian of this Pathfinder.

I will be bringing the Pathfinder to meetings, but I am NOT the parent or legal guardian.

I can volunteer to help by: _____.

I have completed the Sterling Volunteer screening. Date Cleared: _____

I need to apply for financial aid to cover the costs of Pathfinder Club. Please contact me.

Address (if different from Pathfinder): _____

City: _____ State: _____ ZIP: _____

Parent/Guardian 2

First Name: _____ Last Name: _____

Cell Phone Number: _____ Email: _____

Date of Birth: _____ Relationship to Pathfinder: _____

Check all that apply:

My address is the same as the above Pathfinder's address.

I am the parent or legal guardian of this Pathfinder.

I will be bringing the Pathfinder to meetings, but I am NOT the parent or legal guardian.

I can volunteer to help by: _____.

I have completed the Sterling Volunteer screening. Date Cleared: _____

I need to apply for financial aid to cover the costs of Pathfinder Club. Please contact me.

Address (if different from Pathfinder): _____

City: _____ State: _____ ZIP: _____

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EMERGENCY *The parent/guardian should fill out this page.*

Pathfinder's Emergency Contact - other than parent/guardian

Name: _____ Phone: _____

Relationship to the Pathfinder: _____

Does the above emergency contact have permission to pick up your Pathfinder? **Yes** **No**

*Who else has your permission to pick up your Pathfinder?

First/Last Name: _____ Phone: _____

First/Last Name: _____ Phone: _____

First/Last Name: _____ Phone: _____

Additional Info

Please list any issues (e.g. allergies, disabilities, learning disorders, parental custody, emotional needs, medical aids, changes in family, etc.) that may impact your child's participation.

What (if any) special accommodations does your child need in order to participate?

Is there anything else you'd like us to know about your Pathfinder? _____

SIGNATURE

I/We have read the Pathfinder Pledge and Law and wish the applicant to be a Pathfinder. I/We will help the Pathfinder to follow guidelines and rules of Pathfinders, to attend activities, and to fulfill the responsibilities of a Pathfinder. I/We understand that Pathfinders includes service, adventure, and fun. In consideration of the benefits derived from membership, I/we hereby voluntarily waive any claim against the AUSTIN KNIGHTS Pathfinder Club, Stonehill Seventh-day Adventist Church, and the Texas Conference of Seventh-day Adventists for any accidents that may arise in connection with the activities of Pathfinder Club.

Parent/Guardian1 Signature: _____ Date: _____

Parent/Guardian2 Signature: _____ Date: _____