

# EPHESUS PATHFINDER CLUB MEMBERSHIP APPLICATION

I would like to join the **EPHESUS PANTHERS Pathfinder Club**. I will attend club meetings, hikes, camping and field trips, outreach adventures and other club activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Pathfinder Signature \_\_\_\_\_



## Pathfinder Pledge

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

Registration Fee: **\$25.00**  
Club Fee : **\$3.00**

## Pathfinder Law

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 errands

## Pathfinder Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Church \_\_\_\_\_

I have you been a Pathfinder before?  YES  NO  
My parents have been a Pathfinder before?  YES  NO

## Approval by Parents or Guardians:

I/We hereby signify the applicant is at least 10 years of age. We have read the pathfinder Pledge and Law and are willing and desirous that the applicant become a pathfinder. We will assist the applicant in observing the rules of the Pathfinder organization.

In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club of the Allegheny West Conference of Seventh-day Adventists for any accidents, which may arise in connection with the activities of the Pathfinder club.

As parents we understand that the Pathfinder Club program is an active one for the applicant. It includes many opportunities for service, adventure, and fun. I/We will cooperate:

1. By learning how we can assist the applicant and his/her leaders.
2. By encouraging the applicant to take an active part in all club activities.
3. By attending events to which parents are invited.
4. By supplying needed information on the Membership Application and Health Record.

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

## Parent or Guardian Contact Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_ Relationship \_\_\_\_\_

(Please list Emergency Contact Information on the back of this form)