



CASCADE EAGLES PATHFINDERS MEMBERSHIP APPLICATION

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Church: _____

Have you been a Pathfinder before? Yes No If yes, where? _____

Approval by Parents or Guardians

We have read the Pathfinder Pledge and Law and the Accountability Agreement and 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 or the Washington 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. We will cooperate:

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

We hereby certify that _____ was born on _____
Applicant's name month/day/year

Signature of mother or guardian _____ Date _____

Signature of father or guardian _____ Date _____

Cascade Eagles Pathfinders
c/o North Cascade SDA Church
800 Peacock Lane
Burlington, WA 98233
(360) 757-7577

Washington Conference Pathfinders
HEALTH AND MEDICAL RECORDS

1. Pathfinder Identification:

Name: _____ Age: _____ Birth Date: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Male: _____ Female: _____ email: _____

2. Health History

Have you had: (Mark "Past" or "Now" or leave blank.)

_____ Asthma	_____ Bedwetting	_____ Epilepsy
_____ Hay Fever	_____ Kidney Disease	_____ Rheumatic Fever
_____ Sinus Trouble	_____ Constipation	_____ Heart Trouble
_____ Earache/Ear Infection	_____ Frequent Diarrhea	_____ Glasses
_____ Ear Tubes	_____ Severe Stomachaches	_____ Contact Lenses
_____ Fainting Spells	_____ Diabetes	For Women:
_____ Tuberculosis	_____ Sleep Walking	_____ Menstrual Problems

3. Allergies or Allergic Reactions (Check if yes and tell what happened)

_____ Penicillin: _____

_____ Other Medications (list): _____

_____ Bee Sting: _____

_____ Food: _____

_____ Poison Oak, Poison Ivy: _____

_____ Other (list): _____

4. Please list all serious illnesses or operation in the past five years:

Operation or Illness	Date	Hospitalized? (Yes/No)
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5. Please list all medications currently being taken:

Medication	Number of Times in a Day	Reason for Taking
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(over)

6. Immunization History

Required immunizations must be determined locally. This is a record of basic immunizations and most recent booster doses. List the most recent date.

DTP Series _____ Booster _____ Tetanus Booster _____

Polio OPV (Sabin) _____ Booster _____ Tuberculin Test _____

Measles, Mumps, Rubella (MMR) _____ Chicken Pox _____

Hepatitis B _____ H. Influenza Type B (Hib) _____

7. Diet _____ Regular _____ Diabetic _____ Low Salt _____ Low Fat/Cholesterol
_____ Vegetarian Other Special Instructions: _____

8. Physical Activity

Any restriction of activity for medical reasons? Explain: _____

9. Inform in case of accident or illness:

Parent/Guardian/Spouse _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

If not available, in emergency notify:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

or

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

10. Doctor to consult in case of emergency

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

11. Do you have?

Medical Insurance? YES NO If yes, number _____

Type of Coverage _____ Company Name _____

PARENT'S AUTHORIZATION - required for those under 18 years of age.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Club Director in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son (or daughter). A photocopy of this shall be as valid as the original.

Signature: _____ Date: _____

Parent or Guardian

Photo Release for Adults:

I understand that the Cascade Eagles Pathfinder Club has a public website and facebook.com page, slideshows, etc. and publishes photos of the club's various activities and events. I am over 18 years of age, and I give permission for my image to be published on the Cascade Eagles Pathfinder Club website, facebook.com page, and any other Pathfinder publications, including; but not limited to, slideshows, other forms of media such as, online, digital, print, etc., not used for commercial purposes.

Print name: _____

Signature: _____

Date: _____

Photo Release for Youth:

I understand that the Cascade Eagles Pathfinder Club has a public website and facebook.com page, slideshows, etc. and publishes photos of the club's various activities and events. I am the parent or legal guardian of the following child(ren) under 18 years of age, and I give permission for their images to be published on the Cascade Eagles Pathfinder Club website, facebook.com page, and any other Pathfinder publications, including; but not limited to slideshows, other forms of media such as, online, digital, print, etc., not used for commercial purposes.

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

Parent's or legal guardian's name (print): _____

Parent's or legal guardian's signature: _____

Date: _____



**Cascade Eagles Pathfinder Club
General Permission Slip
for all activities & outings
for the 2019-2020 Pathfinder Year**

I, _____ the parent or Guardian of the following Pathfinder(s):

do hereby give my permission for my son/daughter to attend and participate in the Cascade Eagles Pathfinders activities checked below:

- | | |
|---|--|
| <input type="checkbox"/> 9/27/19-9/29/19: WA Conf. Camporee, Cascade Peaks | <input type="checkbox"/> 02/15/20: PBE – Conf. Event – location TBA |
| <input type="checkbox"/> 10/4/19-10/6/19: Fall campout, location TBA | <input type="checkbox"/> 03/7/20: PBE – Union Event – location TBA |
| <input type="checkbox"/> 10/11/19 to 10/13/19: Teen Extreme – Rock Climbing | <input type="checkbox"/> 04/3/20 to 04/5/20: Teen Extreme Event |
| <input type="checkbox"/> 10/20/19: 9 th Annual Apple Pie Make | <input type="checkbox"/> 04/16/20 to 04/19/20: PBE – NAD Event – Chehalis, WA |
| <input type="checkbox"/> 11/1/19-11/3/19: Leadership Retreat location TBA | <input type="checkbox"/> 05/1/20 to 05/3/20: Spring Campout – location TBD |
| <input type="checkbox"/> 11/8/19 & 11/10/19: Food Basket Bag Drop/Pick-up | <input type="checkbox"/> 05/10/20: Rosario Sunday Breakfast Fundraiser – Walla Walla University Marine Biology Station |
| <input type="checkbox"/> 12/6/19 & 12/8/19: Food Basket Bag Drop/Pick-up | <input type="checkbox"/> 05/17/20: Pathfinder Fair at Auburn Adventist Academy |
| <input type="checkbox"/> 01/4/20: National PBE Day | <input type="checkbox"/> Other fundraisers, activities, field trips, backpacking trips, and outings not listed above or on the calendar with various locations |
| <input type="checkbox"/> 01/11/20: Northern Area Rendezvous | |
| <input type="checkbox"/> 01/18/20: PBE – Area Event – location TBA | |
| <input type="checkbox"/> 01/24/20 to 01/26/20: TLT Convention, OR | |
| <input type="checkbox"/> 02/7/20 to 02/9/20: Teen Retreat location TBA | |

by signing below I am also verifying that the medical and emergency information provided at registration is still accurate and if there are any changes, I will notify the club directors of those changes.

(Signature of Parent or Guardian)

(Date)

Additionally, by signing below I am giving permission for any Pathfinder Staff member to provide emergency first aid treatment, including administration of over the counter medications as necessary.

(Signature of Parent or Guardian)

(Date)

Cascade Eagles Pathfinder Club

Schedule of Dues/Fees

Name(s) _____ Date _____

<u>Item</u>	<u>Price</u>	<u>Qty</u>	<u>Cost</u>	<u>Paid</u>
Shirt Rental	\$10.00	_____	_____	_____
Dues (\$10/mo. x 10 mo.)	\$10.00	_____	_____	_____
WA Conf. Camporee (Sept. 2019)	\$40.00	_____	_____	_____
Fall Campout (Oct. 2019)	\$25.00	_____	_____	_____
Teen Extreme Rock Climbing (Oct. 2019)	\$100.00	_____	_____	_____
TLT Retreat (Jan. 2020)	\$85.00	_____	_____	_____
Teen Retreat (Feb. 2020)	\$70.00	_____	_____	_____
Teen Extreme Event (April 2020)	\$100.00	_____	_____	_____
Spring Campout (May 2020)	\$25.00	_____	_____	_____
Pathfinder Fair (May 2020)	\$20.00	_____	_____	_____
Neckerchief (Child/Adult)	\$6.00/\$7.00	_____	_____	_____
Slide	\$2.00	_____	_____	_____
Sash (S – 21.5”/ M – 24.5”)	\$5.00	_____	_____	_____
Sash (S – 21.5”/ M – 24.5”)	\$6.00	_____	_____	_____
Sash (Large – 28”)	\$7.00	_____	_____	_____
Sash (XL – 35”/L 3 – wide – 28”)	\$8.00	_____	_____	_____
Sash (XL 3 wide 35”)	\$9.00	_____	_____	_____
Belt & Buckle (30”)	\$5.00	_____	_____	_____
Belt & Buckle (40”)	\$6.00	_____	_____	_____
Belt & Buckle (50”)	\$7.00	_____	_____	_____
Buckle only	\$3.00	_____	_____	_____
Field Uniform Shirt (Polo)	\$18.00	_____	_____	_____
Mess Kit Rental	\$5.00	_____	_____	_____
Sweatshirt (<i>optional</i>)	\$25.00	_____	_____	_____
Total Amount Due			\$ _____	

Please make checks payable to: Cascade Eagles Pathfinders. Submit payments to the Cascade Eagles Treasurer.