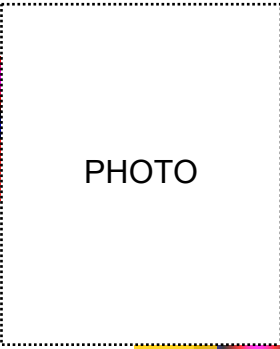




North England Conference Pathfinder Club Membership Form



Please use BLOCK CAPITALS

*Please delete as appropriate

1 Applicant Details (Completed by Parent/Guardian only)

Surname First Name Boy / Girl*

Address

..... Postcode

Tel. Mobile

Date of Birth Age Church

(Minimum membership age 10 years old)

2 Applicant Achievement Record

Please indicate Pathfinder classes already completed:

Friend Companion Explorer Ranger

Voyager Guide

3 Parent/Guardian Behaviour Contract

I would like my child to join the Pathfinder Club. I will ensure that he/she attends the regular club meetings; camps; field trips and all other activities planned by the club director and made available to my child. I understand that this is a Christian club and that as parent/guardian I am responsible to ensure that my child behaves in an appropriate manner as outlined in the spirit of the Pathfinder Pledge and Law and in any other, more specific, Club Code of Conduct as supplied to me. I will cooperate with the club director at all times.

Signature Date

(Parent/Guardian)

4 Club Fees

Registration Fee

Club Meeting Fee per meeting

Other Fees apply as informed by the club director.

I understand that all fees paid to the club are **NON-REFUNDABLE** and **NON-TRANSFERABLE**.

5 Club Director Membership Application Approval

As club director I have carefully read the details of this application for club membership, in particular the medical information, and am willing to accept this child into club membership. I understand that any exceptions to full membership must be given to the parent/guardian in writing.

Signature Date

(Club Director)

Club Name

Club Year

⑥ Health and Medical Details

The Club Director will provide emergency medical care to the level of:
First Aid at Work.

In case of emergency notify:

Surname First Name Mr / Mrs / Miss*
Tel. Mobile Relationship.....

General Practitioner's Details:

Doctor Tel.
Surgery Address
..... Postcode

Have you had or do you have: if Yes give details on a separate sheet and attach to this application form

Asthma Diabetes Arthritis Heart Problems

Hypertension Fainting Spells Menstrual Problems

Bed Wetting Behavioural Problems (e.g. ADHD) Allergies

Mental Health Problems (e.g. Depression) Kidney Disease

Are you allergic to: Penicillin Anaesthetic Other

Are you currently taking medicine: if Yes give details of what the medicine is for, the name of the medicine and how it is to be administered on a separate sheet and attach to this application form

Please explain any illness or limitation of activity:

.....
Do you wear: Glasses Contact lenses Dentures

Do you have any special dietary needs of which we should be aware:

if Yes give details on a separate sheet and attach to this application form

Parent's Authorisation (required for those under 18)

"This health report is correct so far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalise or treat, including proper anaesthesia, injection, or surgery for my son/daughter."

Signed: Date

(Parent/Guardian)

⑦ Child Protection

It is the responsibility of the Club Director to ensure that all members comply with the British Union Child Protection Policy: Keeping Our Church Family Safe, as interpreted and applied by the Local Church Safety Officer. A copy of this Policy may be obtained from the Local Church Safety Officer.

The names of Pathfinders 16+ will be forwarded to the Local Church Safety Officer to determine what requirements of the Policy applies to them.