

READING CENTRAL Pathfinder and Adventurer Club APPLICATION FORM

Club member details

Surname:

First Name:

Address:

Postcode:

Date of Birth:

Age:

I would like to join the Reading Central Pathfinder and Adventurer Club and be a:

Pathfinder (10-15 yrs old)

Adventurer (6-9 years old)

Eager Beaver (5 years old)

Little Lamb (4 years old)

Master Guide (16 years and over)

I will attend meetings, hikes, camping and field trips, outreach activities, and other activities as required. I agree to be guided by the rules of the club and the Pledge and Law.

Member signature _____

Date: / /

Approval by Parents/Guardian

Photography Consent

The data protection act 1998 requires that we obtain your consent for images taken of your son/daughter (under 18's) which are used in either video or printed material. Only first names will be used and/or the name of the club which they are a member. Photos & videos may be post on the Club's & Area 5 What's group.

Parent/Guardian please sign here to indicate your consent

Transportation Consent

We may organise offsite activities and need to obtain your permission to transport your child to these activities this transport may include minibus car coach and the following principles will be adhered to: A) all drivers will be DBS cleared. B) Transport will be provided that is roadworthy under UK law. C) all mini bus drivers are over 25 years of age. D) seat belts will be worn at all times by all occupants of the vehicle .

Parent/Guardian please sign here to indicate your consent

Parents/Carers will pay a registration fee for the year £10.00 (Direct to Reading Central Club Bank Account)

In consideration of the benefits derived from membership we hereby voluntarily waive any claim against the club or the south England conference on Seventh-day Adventists any accidents that may arise in connection with the activities of the Reading Central Pathfinder and Adventurer Club.

As parents/guardians we understand that the Reading Central Club programme is an active one for the applicant it includes many opportunities for service, adventure and fun. We will cooperate by:

Learning how we can assist the applicant and his/her leaders

Encouraging the applicant to take an active part in all activities

Attending events to which parents are invited

Assisting club leaders and by serving as leaders if called upon

Purchasing adventuring uniforms and paying subs through the club treasurer

I am willing to assist the Reading Central Pathfinder and Adventurer Club by helping in the following ways:

To be completed and signed by Parent/Guardian if member is under 18 years of age:

I hear by give permission for my child to attend the Reading Central Pathfinder & Adventurer Club and to take part in the activities arranged unless specified above I agreed to notify the leaders should they be any change to the information given.

Title: _____ First name: _____ Surname: _____

Relationship to club member:

Tel/ Mobile: _____

Email: _____

Signed: _____

Date: _____

To be completed by Staff members only (i.e. all over 16 years old).

Disclosure and Barring Service certificate number:.....

Every person over 16 by law must have a DBS certificate pertaining to Adventurers/Pathfinders done through the SEC and dated within three years without this the person will not be allowed to work with any children.
(www.gov.uk/disclosure-barring-service-check/overview)

READING CENTRAL Pathfinder and Adventurer Club MEDICAL FORM

Club member details

Surname: _____

First Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Health Information

Name of Family Doctor: _____

Telephone: _____

GP surgery Address: _____

Postcode: _____

Please tick if you have/have had



any of the following:

Rheumatic Fever

Asthma

Fainting spells

Diabetes

Hay Fever

Heart Trouble

Hernias

Travel Sickness

Epilepsy

Kidney Disease

Date of last tetanus injection

Please give details of any current/past illness or medical conditions of which we should be aware (please continue on a separate sheet if necessary)

Are you taking any kind of medication? Yes No

If yes, please give name of medication and dosage details, _____

Any medications required during the club session or outings should be clearly labelled with the name and exact dosage details (and should be handed to the club leader at the beginning of each session, if under 18)

Do you have any known allergies (e.g. to foods, medicines, vaccines etc.)? If

yes, please give details: _____

Are there any behavioural challenges that the club leader should be aware of? Yes No

If yes, please specify _____

Emergency Contact Details

Title: _____ First name: _____ Surname: _____

Relationship to club member: _____

Address if different from club member: _____

Postcode: _____

Daytime Contact No: _____ Evening Contact: _____

Mobile: _____ Email: _____

To be completed and signed by parent/Guardian if attendee is under 18 years of age.

Signed: _____

Date: _____