

Pathfinder Registration Form

Thank you for your interest in the Orlando city pathfinder club. Please complete the registration information below to sign up. For questions, comments or concerns, please reach out to tomas.Diaz@flexengage.com or 269-208-7538

PATHFINDER PERSONAL INFORMATION

Pathfinder's Name: _____ Sex: _____ Age: _____ DOB: _____

Address: _____

Phone Number (if they have a phone): _____

What School do They Attend? _____ Current Grade Level: _____

What Church do They Attend? _____

Do They Play a Musical Instrument? _____ If so, which one? _____

Do They Have any Special Talents? _____ If so, what? _____

Do They Sing? _____

T-Shirt Size: _____

Anything else we should know about them? _____

PARENT/GUARDIAN INFORMATION.

Name: _____ Relationship to Pathfinder: _____

Email Address: _____ Phone Number: _____

Would you like to receive communications about our Pathfinder club? _____

Have you worked with Pathfinders before? _____

Would you be interested in volunteering? Yes No Maybe in the future

Other Notes: _____

Parent or guardian approval: we hereby verify the applicant is in at least fourth grade. We will assist the applicant in observing the rules and guidelines of the pathfinder organization. As parents (or guardians), we understand that the pathfinder club program is an active one for the applicant. It includes many opportunities for service, adventure, discipleship training, and fun. 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 assisting club leaders and by serving as leaders if called upon.

Parent/Guardian Signature: _____ Date: _____

Medical Consent Form

From time to time, our pathfinder club will be conducting outdoor activities. It is important for us to have medical history records and be able to have medical consent in the case of a medical emergency. Please fill out the medical consent form below. Medical consent form. *(This form must be notarized)*

Pathfinder's Name: _____

Medical Insurance Provider: _____ Policy #: _____

Parent/Guardian's Cell Phone: _____ Work Phone: _____

Other Guardian in Case of Emergency _____

Cell Phone: _____ Work Phone: _____

Physician's Name: _____ Phone: _____

MEDICAL HISTORY

Weight: _____ Height: _____ Last Tetanus Shot: _____

Food Allergies: _____

Medication Allergies: _____

Medications Receiving Now: _____

Medical History (*i.e.*, Recent surgery, diabetic, chronic illness) _____

Person to notify in case of accident or illness if parents are not available:

Name: _____ phone: _____

Relationship to child: _____

MEDICAL CONSENT

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above-named child. *(One of the types of treatment must be marked).*

Emergency Surgery	Both of the These
First Aid	None of the Above

Signature of Parent/Guardian: _____

Subscribed and acknowledged before me this _____ day of, _____ by _____, who is personally known to me or who has produced identification.

Notary Seal: _____ public signature, state of Florida