

Patterson Redeemers



Registration Forms

This file contains the registration forms for the 2010-2011 Pathfinder year in a format that allows them to be completed on your computer and saved to your hard drive.

In order to speed up the registration process, all forms should be completed prior to registration night, which is on Wednesday, August 11, at 6:00pm. You do not need to print the forms. You can submit the completed forms to Valerie Reynolds by clicking on the "Submit Forms" button at the bottom of this page. If you have trouble using the submit button you can simply email the file as an attachment to Valerie at valerie@richmondsda.com

If you submit the forms by Noon on August 11, Valerie will print the forms so you can sign them and complete the registration process registration night. You will still need to bring the following with you to registration:

- The child (or children) wishing to join the club. Each applicant needs to be present in order to complete the registration process. (Note that only a parent or legal guardian can register a child for Pathfinders)
- Your health insurance card (a copy is needed for your child's Pathfinder file)
- Used uniform parts in like-new condition if you would like to participate in the uniform program and receive credit toward new uniform parts.
- Means to pay club dues and uniform expenses.

Pathfinder Application & Health Record

Applicant's Demographic (Please Print)

Name: _____ Home Phone: _____
(Last) (First) (Middle) Cell Phone: _____

Address: _____ DOB: _____ Email: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____ Church: _____

Parent/Guardian Demographic

Father/Guardian: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____ Other: _____

Mother/Guardian: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____ Other: _____

Pickup Authorization

Please list only persons authorized to pick up your child from Pathfinder functions.

Parents/Guardians for your protection, your child will only be released from Pathfinder functions to persons listed above. If other arrangements are necessary, a note must accompany your child and a call must be made to the Club Director prior to the Pathfinder function. No exceptions! Thank you for your cooperation.

Parents/Guardians

We the Parents/Guardians of the above named Pathfinder applicant have read the Pathfinder Pledge, Law, Rules and objective of this Pathfinder club and are desirous that the above named become a Pathfinder. We will assist the applicant with observation of the rules, maintaining and understanding the Pathfinder Pledge and Law as well as assisting with the objectives of this Pathfinder Club. We also waive any and all claims against the Club Leadership, Pathfinder Club, Conference, Union, or North American Division of Seventh-day Adventist for any accidents which may arise in connection with the activities of this Pathfinder Club.

Parents/Guardians Signature: _____ Date: _____

Medical History and Information

The following information is critical for the safe care of your Pathfinder during routine Pathfinder activities and emergencies. Please make sure to answer all questions as to “yes” or “no” and list any information that applies to the care of your Pathfinder.

Y **N**

- Does your child have any health history? (Asthma, Constipation, Epilepsy, Diabetes, etc)

- Does your child have any difficulties that would effect them during any Pathfinder function?

- Does your child have any allergies to medications? Please list with reaction.

- Does your child have any allergies to foods? Please list with reaction.

- Are there any dietary considerations which should be considered when planning a menu?

- Are there any physical restrictions that would effect your child during Pathfinder functions?

- All Pathfinders are required to have up to date shot records, are there any shots that are not up to date?

- Is your child currently on any medications? If “yes” please list.

Insurance/Physician/Emergency Contact Information

Primary Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Medical Insurance: _____ Number: _____

(Please provide club a copy of insurance card)

Being the Parents/Guardians of the applicant we certify the above medical history and information is correct to the best of our knowledge and the applicant has permission to engage in all Pathfinder activities except those noted. In the event the Parents/Guardians cannot be reached in an emergency, permission is given to the physician selected by the adult leader to whom the applicant is charged to hospitalize, secure proper anesthesia, order injection, surgery, resuscitation, or any care deemed necessary by that leader or physician to insure safe return of said applicant to his/her Parents/Guardians.

Parent/Guardian Signature: _____ Date: _____

(Sign only in the presence of a Notary)

**Notary
Signature
& Seal**

Patterson Redeemers

3901 Patterson Avenue
Richmond, VA



PHOTO RELEASE FORM

As parent or guardian, I give the Patterson Redeemers Pathfinder Club and the Patterson Avenue Seventh-day Adventist Church permission to publish in print, electronic, or video format the likeness or image of my child. The use of such images is free and clear of any claim whatsoever on my part.

Child's Name (please print)

Your Name (Parent or Guardian, please print)

Your Signature

Date

General Guidelines: It is recommended that a release be obtained when photographing or videotaping a minor (under 18). A signature of a parent or guardian is required. When images are published, the Pathfinder club and the Patterson Avenue Seventh-day Adventist church will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers.

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3901 Patterson Avenue
Richmond, VA



SECURITY PHOTO AND IDENTIFICATION FORM

Form fields are at the bottom of this page. Please fill in all fields.

Date: _____

Pathfinder's Full Name: _____

Nickname: _____

Male Female

Birth Date: _____

Hair Color: _____ Height: _____

Eye Color: _____ Weight: _____

Distinguishing characteristics: _____

Patterson Redeemers

Required Uniform Parts Order

Name: _____ M _____ F Phone: _____

Qty	Size	Need to Order	Initial when Received	Used	Item	Price
Field Uniform: Club T-shirt and clean modest jeans						
					Club T-shirt (Indicate size family below)	
					Youth Adult	
Dress Uniform Includes:						
					Boys or Mens:	
					Pants	
					Shirt	
					Girls or Womens:	
					Skirt	
					Blouse/shirt	
					Tuxedo Tie	
					Belt Buckle Both	
					Scarf	
					Slide	
					Patches: Redeemers Crest	
					Pathfinder Triangle	
					World Patch	
					Potomac Conf. Patch	
					Sash 2 wide	
					or 3 wide	
					Name tag - indicate imprint below	

Name Tag Imprint

	Total of Uniform parts	
	Minus Credit for Used Trade-in	-
	Net amount due	
Receipt#	Amount PAID	-
	Balance Due	=

Qty	Size	Used Uniform Parts Trade-in	Credit Amt
Total Credit Due:			



Pathfinder Parent Questionnaire

Name: _____ Phone# _____

Name of your Pathfinder: _____

1 Please check the ways in which you would like to help our Pathfinder Club.

_____ Honor/Craft Instruction	_____ Equipment/Supplies Donations
_____ Financial Support	_____ Assisting With Fundraisers
_____ Other (Please Explain)	_____

2 Please list any Honors or Crafts that you would be interested in teaching.

_____	_____	_____
_____	_____	_____

3 Have you ever been a Pathfinder staff member before? _____

If so, where and when? _____

In what capacity? _____

4 What, if any, suggestions/ideas do you have for Pathfinder Club activities?

Share Your Faith/Outreach _____

Educational Outings/Activities _____

Fundraising Activities/Events _____

5 Do you have any comments or suggestions that might benefit our Club?
