VALLEY VIEW PATHFINDER MEMBERSHIP APPLICATION

I would like to join the **Valley View Pathfinder Club**. I will attend club meetings, hikes, camping, field trips, missionary adventures and other club activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

-Shirt Size: Youth	or Adult	Pathfinder Signatur	re:
	PATHFINDER LAW	PATHFINDER PLEDGE	CLUB VISION
PATHFINDER	By the Grace of God, I will be pure, kind and true I will keep the Pathfinder Law I will be a servant of God And a friend to man.	Keep the Morning Watch Do my honest part Care for my body Keep a level eye Be courteous and obedier Walk softly in the sanctuar Keep a song in my heart Go on God's errands	Building Christian Faith Serving Others and Preparing for Christ's Soon Return nt ry
Registration Fee \$	Club Due	s\$*/	Add'l Fees \$
Name:		Phone:	AY Class:
Address:			
Email Address:			
School:		Grade:	Church:
nave been a Pathfi	nder before: Yes	No Where:	
ly dad is a Master (Guide Yes No	My dad has been a Patl	hfinderYesNo
ly momio o Mooto	r Guide Yes No	My mom has been a Pa	athfinder Yes No
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Approval by Parents or Guardian

The applicant must be in a least the 5th grade as a Junior Pathfinder or 7th grade as a Teen Pathfinder.

We have read the Pathfinder Pledge and Law and are 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 Oregon Conference of Seventh Day Adventists for any accidents which may arise in connection with the activities of the Pathfinder Club.

As parents/guardian 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 the leaders when called upon.
- 2. By encouraging the applicant to take an active part in all activities.
- 3. By attending events to which parents are invited.
- 4. By supplying needed information on the Membership Application and Health Record.

We hereby certify that applicant, ______ was born on ______

Signature of father/guardian:______Signature of mother/guardian:_____

Date of Application:___

*Add'l Fees can include uniform cost, or any other special costs as needed