

SECC PATHFINDER & STAFF

Registration/Application Form

This application is for: Staff circle one: *director asst. director secretary instructor other*
 Teen Counselor
 Member

Applicant's Information

Church _____ Date _____
Name _____ Phone _____
Address _____ City _____ Zip Code _____
Email _____
Age _____ Birth Date _____ Grade in School _____
School you attend _____
Church you attend _____ Are you baptized? _____

Applicant's Agreement

I, _____, want to joint the _____. I will attend all "Share Your
(applicant's name) (Pathfinder Club)
Faith" activities, outings, and other club activities, unless I am ill. I will proudly wear my Pathfinder uniform. I will obey club rules and understand that they have been made for my safety and that of my peers. I will be cheerful, helpful, honest, kind and courteous.

(applicant's signature)

Approval/Consent of Parent/Guardian

As parent(s)/guardian(s), I/we understand that the Pathfinder program is an active one, which includes many opportunities for service, adventure, fun and learning. I/we will support the program by:

1. Encouraging my Pathfinder to take an active part in all club meetings and functions
2. Attending all events to which parents are invited in support of my Pathfinder
3. Assisting club leaders by serving as a helper when needed
4. Not holding any individual club staff member liable in the event of injury
5. Giving my permission for the above named Pathfinder to attend all Pathfinder activities
6. Paying Southeastern CA Conference registration/insurance fees in the amount of \$7.50
7. Paying local club fees in the amount of \$ _____

(parent/guardian's signature)