SECC PATHFINDER & STAFF

Registration/Insurance Form

This app	olication is for: Staff (18+) circle one: director asst. director secretary instructor other
	Master Guide circle one: invested training
	Teen Counselor circle one: invested training
	☐ Member
Applicant's Information	
Church	
Name	Phone
Address	City Zip Code
Email	
	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 plicant's name) (Pathfinder Club)
	ctivities, outings, and other club activities, unless I am ill. I will proudly wear my Pathfinder
	. I will obey club rules and understand that they have been made for my safety and that of my
peers. 1	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 \$10.00
7.	Paying local club fees in the amount of \$
	(parent/guardian's signature)