



# 2024 Application Form



## PATHFINDER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_

Pathfinders Email \_\_\_\_\_ Pathfinders Phone No. \_\_\_\_\_

School Year \_\_\_\_\_

## PARENTS INFORMATION

Primary Contact Parent

Name \_\_\_\_\_ Ph. No. \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Secondary Contact Parent

Name \_\_\_\_\_ Ph. No. \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

## CODE OF CODUCT

### AS A MEMBER OF ALSTONVILLE PATHFINDERS I AGREE TO:

- have respect for God
- participate in all activities
- act at all times in accordance with the principles set out in the Pathfinder Pledge and Law
- respect the dignity of myself and others
- wear suitable and modest clothing
- refrain from offensive language
- respect all other Pathfinder members and leaders
- demonstrate a high degree of personal responsibility, recognising that at all times me words and actions are an example to other members of the community
- act in consideration and good judgement in all interpersonal relationships.
- respect everyone's right to personal privacy at all times. I will take special care with sleeping, bathing, changing of clothes and ablutions related to any Pathfinder activity
- realise that bullying, physical and verbal abuse, neglect or any other abuse is unacceptable by any member
- refrain from bringing any electronic device, phone, electronic games etc to any Pathfinder activity unless by prior agreement with the director.
- not use tobacco, alcohol or other drugs.

Signed \_\_\_\_\_  
(Pathfinder)

Date \_\_\_\_\_



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## CONSENT & RELEASE - TO BE COMPLETED BY PARENT/GUARDIAN

We have read the requirements for membership in the Alstonville Pathfinder Club and hereby certify that \_\_\_\_\_ (child's name) has reached the age of 10 years or over. We wish that he/she becomes a Pathfinder.

As parents/guardians, we understand that the Pathfinder Club Program is an active one for the applicant. It includes many opportunities for service, adventure and fun.

In the event of accident or illness, I also authorise the Pathfinder Director to consent, where it is impractical or communicate with me, for my child to receive any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I agree to pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required.

I agree to meet the expense of my child being returned home, by the director or leaders. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Pathfinder Director, non-cooperation of any description or the inability to meet the rigours and requirements of the activity. I understand that my child is expected to comply with the outlined code of conduct and that failure to do so may impact on their ability to continue in Pathfinders.

I understand that the Pathfinder club may use photos of participants for promoting and reporting purposes and that I am required to notify the director in writing if I do not wish for my child to be photographed.

I agree to my child attending Pathfinder Activities on this understanding.

Signed \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_



# 2024 Health Record



## HEALTH RECORD

(This information will be kept confidential)

Name \_\_\_\_\_ Height \_\_\_\_\_ cm Weight \_\_\_\_\_ Kg

Medicare Number \_\_\_\_\_ Position \_\_\_\_\_ Able to Swim Yes/No

Private Health Insurance Fund \_\_\_\_\_ Number \_\_\_\_\_

Dietary Needs \_\_\_\_\_ Vaccinations per schedule Yes/No

GPs Name \_\_\_\_\_ Practice name \_\_\_\_\_ GPs Ph \_\_\_\_\_

No.	Medical Condition	Medication	Dose	Frequency	Note	Doctor

No.	Allergies	Reaction	Note

### AUTHORISATION AND AGREEMENT

In the event of accident or illness, I authorise the Pathfinder Director to consent, where it is impractical to communicate with me, for me / my child to receive any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I agree to pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required.

I agree to meet the expense of my child being returned home, by the director or leaders. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Pathfinder Director, non-cooperation of any description or the inability to meet the rigours and requirements of the activity.

I agree to my child attending the activity on this understanding.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_