



TO BE COMPLETED BY APPLICANT

Name: Phone (H):
 Address: Phone (M):
 Year at school:
 School: Age:..... Birth Date/.../.....
 Church: Gender: Female Male
 Email address/s:

I would like to join the Gosnells City Pathfinder Club. I understand that membership will involve attendance at club meetings, hikes, camping and field trips, outreach and community activities, and other club activities as required. I agree to be guided by the rules of the club and by the Pledge and Law.

I have completed the following classes: Friends Companions Explorers Rangers Voyagers Guides
 I have a full dress uniform: Yes No I have a full Gosnells City Pathfinders field uniform: Yes No

Pathfinder's Signature Date/.../.....

APPROVAL BY PARENTS/GUARDIANS

I/We have read the requirements for membership in the Gosnells City Pathfinder club and hereby certify that has reached the age of ten years or over (or is in Year 5 or equivalent or above). I/We are willing and desirous that he/she becomes a Pathfinder.

As parents/guardians, we understand that the Pathfinder club program is an active one for the applicants. It includes many opportunities for service, adventure and fun. We will cooperate by:

1. Encouraging the applicant to take an active part in all activities.
2. Ensuring that the applicant is on time and in the correct uniform for club nights and other planned events. We will also ensure that our child/children are picked up promptly at the designated times.
3. We will take advantage of the leaders offer to communicate in person on matters affecting our child and keep staff aware if there is a legitimate reason for absences.
4. By purchasing Pathfinder uniforms and prompt payment of fees and charges through the club treasurer.
5. Attending events to which parents are invited.
6. Learning how we can assist the applicant and club leaders.

Gosnells City Pathfinders Photograph Policy

Taking photograph and video records of Pathfinder club activities has long been a part of Pathfinders.

Gosnells City Pathfinder Club would like to continue this tradition for the purposes of promoting the club, for club records, and for memorabilia of individuals within the club:

- Photographs of children may appear in club related newsletters and promotional material including Gosnells City Pathfinders Club Internet web pages without your explicit consent.
- No identifying details will be given with photographs published on the internet.
- No "indecent" or questionable photographs of children will be taken or displayed in any manner.

Unless you indicate otherwise, Gosnells City Pathfinders will assume your consent to this photograph policy.

.....
 (Signature of father /guardian)

.....
 (Signature of mother /guardian)

MEDICAL INFORMATION

TO BE COMPLETED BY PARENT / GUARDIAN

Pathfinder's Name Date of Birth/...../.....

Medicare No. Ref No.

Family Doctor Phone

Ambulance Cover Yes No

Child's last Tetanus Booster (date)

Any illnesses or medical problems my child suffers from

My child needs to take the following medication

(Indicate dose and frequency).....

My child is a non average good swimmer, and I give my permission for him/her to swim under supervision YES NO

Swimming Level Completed State Swim Royal Life Saving

I hereby authorise the director or his/her representative to obtain medical attention as deemed necessary and I understand that I am responsible for the costs.

Any other information that may assist us with the care of your child

NAMES OF PARENTS/GUARDIANS

ADDRESS.....

PHONE (home) (mobile) (work)

Other Emergency Contact Names and Phone No's

PARENTS/GUARDIANS SIGNATURES DATE/...../.....

..... DATE/...../.....