



Aqualights Pathfinder Club

Seventh-day Adventist Church in Ontario, Canada

Membership Application

I would like to join the _____ Aqualights _____ Pathfinder Club. I will attend club meetings, campouts, missionary adventures, and other club outings and activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Name: _____ Sex: Male Female Email: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Date of Birth: _____ Age: _____ Grade _____
mm/dd/yr

Registration Fee: \$ _____

Club Dues: \$ _____

Total Payment: \$ _____

PATHFINDER PLEDGE

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

Applying for Membership
Renewing Membership
Transferring From Another Club

Name of Club

PATHFINDER LAW

1. Keep the morning watch.
2. Do my honest part.
3. Care for my body.
4. Keep a level eye.
5. Be courteous and obedient.
6. Walk softly in the sanctuary.
7. Keep a song in my heart.
8. Go on God's errands.

Pathfinder Signature

Approval by Parents or Guardians:

We hereby signify the applicant is at least 10 years of age. 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 of the Ontario Conference of Seventh-day Adventist for any accidents, which may arise in connection with the activities of the Pathfinder club.

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

Signature of Father or Guardian & Best Phone #

Signature of Mother or Guardian & Best Phone #

Date of Application: _____

