

King's Kids

Pathfinder Club

Registration Packet

Merrimack Valley Seventh Day Adventist Church
Pathfinder Club

Pathfinders are a worldwide organization of young people sponsored by the Seventh Day Adventist Church, though young people of any religious persuasion, or none at all, are welcome and encouraged to join the organization. Pathfinders is open to individuals age 10-15. Teen Leadership Training is also available for older teens.
pathfinders@mvsda.org



Merrimack Valley Seventh-Day Adventist Church
408 Broadway Road, Dracut, MA 01826
978.804.9226

www.mvsda.org
pathfinders@mvsda.org

Welcome

September 4, 2016

Dear Pathfinder Parent/Guardians,

We are looking forward to an exciting Pathfinder year. We would love to extend a warm welcome to your child and your family to our King's Kids Pathfinder club.

Please take the time to review all the information found in this packet. Below is a list of forms that can be found here. All applicable forms and fees must be completed at time of registration.

Pathfinder Membership Application
Health History form
Uniform information sheet
Payment form
Cell phone/Electronic Device usage form
Schedule (may be updated throughout the year)
Permission Slip

This year our staff has joined together to create team leadership. Our goal is to work together to create an exciting and spiritually enriching year for your child and your family as well. We are happy to have your child and your family as part of the Pathfinder Youth Group. Please feel free to contact our staff with any questions or concerns.

We can be reached at pathfinders@mvsda.org.

Opportunities to volunteer throughout this year are available. If you are interested in volunteering your time this year please let us know at registration. If you have a talent, experience, or knowledge in a specific area we may be in need of individuals to teach honors. More information can be provided if you are interested.

May God bless you and your family as we work together for the physical, spiritual and mental growth and development of your child.

Sincerely,

Your Pathfinder Staff



Schedule

What, When, and Where

September

4	9:00-11:00am	Pathfinder registration, meeting, games
24	2:00-3:00pm	Pathfinder Bible Experience Practice
25	TBD	Pathfinder Community Service - health expo

October

1	2:00-4:00	Pathfinder Bible Experience Practice
8	ALL DAY	Pathfinder - church, sack lunch and nature meeting Halibut Point State Park, Rockport, MA 01966, USA
15	2:00-4:00	Pathfinder Bible Experience Practice
16	9:00-1:00	Pathfinder - Recreation Honor Day - Field Uniform

November

5	2:00-3:00	Pathfinder Bible Experience Practice
	3:00-5:00	Community Service Call Collecting - Field Uniform
	Overnight	Pathfinder Sleepover
12	2:30-3:00	Pathfinder Induction Set up
	3:00-4:00	Pathfinder Induction - Full Dress Uniform
	4:00-7:00	Pathfinder Meeting
	7:00-8:00	Pathfinder Staff Meeting
19	2:00-4:00	Pathfinder Bible Experience Practice

December

10	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Meeting - Dress Uniform
	7:00-8:00	Pathfinder Staff meeting
17	3:00-5:00	Pathfinder Bible Experience Practice
	5:00-9:00	Pathfinder meeting and Christmas Party - Field Uniform

January

7	2:00-4:00	Pathfinder Bible Experience Practice
14	4:00-7:00	Meeting - Health & Safety Honor - Field Uniform
	7:00-8:00	Pathfinder Staff Meeting
15	TBD	Pathfinder - 1st Aid Training (voyagers, guides, staff)
28	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Meeting - Dress Uniform

February

4	2:00-6:00	Pathfinders: SNEC Area Bible Experience - Dress uniform
11	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting - Field Uniform
	7:00-8:00	Pathfinder staff Meeting
12	7:00-10:00am	Pathfinder Valentines Day Breakfast set up
	10:00-12:00	Valentines Day Breakfast Fundraiser
	12:00-1:00	Event Clean up
25	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting - Dress Uniform

March

4	2:00-6:00	SNEC Conference Bible Experience - Dress Uniform
11	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting - Dress Uniform
	7:00-8:00	Pathfinder Staff Meeting
18	2:00-6:00	Pathfinders: Atlantic Union Bible Experience - Dress Uniform
25	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting Recreation- Field Uniform

April

1	2:00-4:00	Pathfinder Bible Experience Practice
8	2:00-4:00	Pathfinder Bible Experience Practice
	4:00-7:00	Pathfinder Meeting - Dress Uniform
	7:00-8:00	Pathfinder Staff Meeting
9	2:00-3:00	Pathfinder Bible Experience
21-22		Pathfinders: Division Bible Experience - Dress Uniform
15-16		SNEC Division Pathfinder Bible Experience Phoenix, AZ
29	5:00-8:00	Pathfinder Meeting - Field Uniform
	Overnight	Sleepover

May

7	9:00-1:00	Meeting Recreation/Nature - Field Uniform
		Sandy Point State Reservation, Ipswich, MA
26-29	Campout	Pathfinder Pioneer Camp-out William Miller Home, 1614 County Road 11, Whitehall, NY 12887,

June

3		Pathfinder Investiture Sabbath
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Documents

Required Info

The following items are required for registration, please make sure the necessary items are completed in full prior to turning in the packet.

Pathfinder Name: _____ Date: _____

- _____ Pathfinder Club Membership Application
- _____ Medical History/Consent to Treatment & Health Insurance Information.
- _____ Pathfinder Yearly Club Outings Permission Slip
- _____ Payment Form with Initial Payment

Payment Method

☐ \$125.00 One Time Payment

☐ \$62.50 Two Payments

☐ Nine Payments

Due with Registration packet

1st Due with Registration

2nd Due in January

\$25.00 due at Registration

Each additional payment of \$12.50 is

due at the first meeting of each month

This fee of \$125.00 is due in full regardless of when you join the club. There are additional costs involved with camporees and some activities. Notice will be sent home regarding these fees. The registration fees and dues cover most of the club activities, field trips, honors, and activities with supplemental funding through the church. We try to keep additional cost to a minimum and have tried to include as much as possible in the payment plan.

Consideration for the sacredness of the Sabbath will be taken into account when discussing fees, business and collecting money. We will appropriate time at the end of our meetings for business related issues when the beginning of our meetings are still within the Sabbath hours.

Electronic Device Usage

Cell phone use has become quite a distraction during our Pathfinder meetings and activities. Because of this distraction any Pathfinder found to be using one of these devices during a meeting will be asked to give it to a staff member until dismissal at the end of the meeting. If you need to contact your child during a meeting please contact the staff or the church.

Please sign below to confirm that both the Pathfinder and the Parent have read and agree to this policy on cell phones and other electronic devices.

Parents Signature: _____

Pathfinder Signature: _____ Date: _____

PATHFINDER CLUB YEARLY OUTING/TRIP PERMISSION SLIP

I, _____, the parent/legal guardian of _____,
(Print Parent/legal Guardian's Full Name) (Print Child's First and Last Name)

do hereby give permission for my child to attend any and all the Pathfinder club outings listed on the Pathfinder schedule and any additional event added throughout the Pathfinder year on and off the Merrimack Valley Church premises for the:

2016-2017 Pathfinder year - September 2016-June 2017

My child has permission to travel with the Pathfinder Club trip leaders and drivers selected and approved by my church board, and sponsored by Merrimack Valley Seventh Day Adventist Church.

I understand that my child will be chaperoned by either myself (if I am going), and/or adult leaders and club staff member while on this trip. I have already completed and given to the club director, my child's Health/Medical Information & Consent Form, which includes a signed consent to medical treatment.

Additionally, if I am driving children to, or during this event, I have completed and given to the club director my completed and signed Drivers Information Sheet, as well as my Youth Children's Ministry Volunteer Form, (which is due whether or not I am a driver). In the event of an emergency, medical measures will be taken, and every attempt will be made to notify the parent/legal guardian by telephone.

I voluntarily release, indemnify and hold harmless the Southern New England Conference of Seventh Day Adventist, and its employees, representatives, agents, and affiliates from any claims, actions, losses, damages or liabilities (including reasonable attorney fees), for myself and for any occurrences or actions which result in injury, illness, accident or harm of any kind, now or in the future, to the named child while participating in the Merrimack Valley Pathfinder Club events and outings, and from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

By signing this form, I declare that I have read and understand the contents of this form and agree to all the terms and conditions herein.

I declare that I am the legal parent and/or guardian of the child listed above and that I am authorized to sign this document. The information I have provided is truthful and accurate to the best of my knowledge.

(Parent/legal Guardian)

(Date)

(Parent/legal Guardian)

(Date)

Emergency Contact Information:

Name	Home #	Cell #	Work #
Mother:			
Father:			
Other:			
Other:			
Name	Office#	Affiliated Hospital	
Physician:			

A photocopy of this form is as valid as the original. This permission will remain in effect until the end date of the events has passed, or it is revoked in writing by parent/legal guardian.



SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH
PATHFINDER MEMBER APPLICATION 2016-2017

APPLICANT COMMITMENT

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.

PATHFINDER LAW

The Pathfinder Law is for me to:
Keep the morning watch.
Do my honest part.
Care for my body.
Keep a level eye.
Be courteous and obedient.
Walk softly in the sanctuary.
Keep a song in my heart.
Go on God's errands.

I would like to join _____ Pathfinder Club. I will attend club meetings, hikes, camping and field trips, outreach and social activities, and any other club activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Pathfinder Signature: _____

APPLICANT & PARENT INFORMATION

REGISTRATION FEE: \$ _____

Applicant Name: _____ Age: _____

Investiture Achievement Class Completed: ___ Friend ___ Explorer ___ Ranger ___ Voyager ___ Guide

Address: _____

Phone #: _____ Email: _____

School: _____ Grade: _____ Church: _____

Is the applicant a baptized Seventh-day Adventist? ___ Yes ___ No Baptism Date: _____

APPROVAL BY PARENTS OR GUARDIANS:

The applicant is at least 10 years of age and/or in fifth grade as a Junior Pathfinder, or in grade seven (7) as a Teen Pathfinder.

We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant becomes 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 waive any claim against the club or the Southern New England Conference of the Seventh-day Adventists for any accidents that 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/her leaders.
2. By encouraging the applicant to take an active part in all activities.
3. By attending events to which parents are invited.

Please be advised that the activities of this club will be recorded using pictures, videos, and brief summaries of participation in events/activities for use in club/conference websites, newsletters, marketing materials, presentations, and social media (including but not limited to: Facebook, YouTube, Twitter, Instagram, etc.)

By signing this form we/I signify that we/I have carefully read this application form and agree to all the terms and conditions herein.

We/I hereby certify that _____

PATHFINDER NAME

was born ____/____/____

MONTH

DAY

YEAR

Signature of Parent/or Legal Guardian

Date

HEALTH INFORMATION, CONSENT TO TREATMENT & HEALTH INSURANCE INFORMATION

Name: _____

Are there any present health concerns? _____

List any allergies: _____

Specify current medication(s): _____

Date of last tetanus immunization/booster: _____ Permission to administer in an emergency? Yes _____ No _____

Physician's Name: _____ Physician's Phone Number: _____

PARENT/GUARDIAN CONSENT TO TREATMENT:

We/I the undersigned parents/guardians hereby give my consent for the above named child to participate in the 2015-2016 Pathfinder Club. We/I am aware that my child may require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment may become necessary for my child, we/I grant permission to _____, the Pathfinder Club Director and/or her assistants, authority to obtain

Pathfinder Club Name

such emergency medical assistance. We/I further grant permission for medical personnel to administer emergency medical treatment.

We/I also consent to our/my child's being transported of the purposes of Pathfinder Club activities, in private, church owned vehicles or other mode of transportations as may be deemed necessary. We/I understand that said vehicles will be driven by adults 21 years old or above and, the drivers will be approved by the _____ Church Board. We/I

Church Name

understand a permission slip will need to be signed at the time of all field trips.

We/I also consent to having this child work with club staff members outside the regular club meetings times for special club events, for honors or for class activities arranged by the club staff team.

We/I agree to indemnify and hold harmless the Atlantic Union, the Southern New England Conference of Seventh-day Adventist, the _____ church, and the

Church Name

Pathfinder Club Name Pathfinder club and its leaders and staff from liability arising from any accident or injury occurring during club-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.

This consent shall stay until effect until August 25, 2016 or until revoked in writing and delivered to the above named director or to the club entrusted with custody of said minor.

Signature of Parent/Guardian

Print Full Name

Relationship to Applicant

Date

MEMBER HEALTH INSURANCE INFORMATION

The above named pathfinder applicant is _____ covered/ _____ not covered by health insurance.

Present Health Insurance Company: _____ Policy Number: _____

Insured Parent/Guardian's Name: _____ Home Phone Number: _____

Address: _____ Work Phone Number: _____

Emergency Contact Name(s): _____ Home Phone Number: _____

Mobile Number: _____ / _____

A photocopy of this form is as valid as the original. You must always have a copy of this form with you in every pathfinder outing or trip.

Southern New England Conference Pathfinder Ministries

Health History for Pathfinder/Staff

Directions

- 1) Sections 1 & 2 must be completed by parent/guardian of minor or by adult pathfinder/staff 18 years or older.
- 2) **GIVE THIS FORM TO YOUR CLUB DIRECTOR**

1. Personal & Emergency Contact Information

Pathfinder/Staff Name _____ Gender M F Birth Date _____ Age _____

Home Address _____
Street Address City State Zip Code

Parent/Guardian Name _____ Email Address _____

Home Address _____
(If different from above) Street Address City State Zip Code

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Second Parent/Guardian Name _____ Email Address _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name _____ Relationship to Pathfinder: _____ Phone (____) _____

2. Allergies/Health History/Medical Insurance

Allergies: ☐ No known allergies. ☐ This camper/staff is allergic to: ☐ Environment (e.g., insect bites, sun) ☐ Food ☐ Medicine ☐ Other
(Please describe below what the pathfinder is allergic to and their typical reaction.)

Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the pathfinder/staff:

Ever been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had fainting or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passed out/had chest pain during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a recurrent/chronic illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had mononucleosis during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a recent infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Traveled outside the U.S. in the past 9 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with falling asleep/sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had back/joint problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have a history of bedwetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with diarrhea/constipation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any skin problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have impaired vision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If female, have problems with menstrual cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Does pathfinder/staff have any current physical, medical, or psychological conditions requiring medication, treatment, or special considerations or activity restrictions while at camporee? ☐ Yes ☐ No If yes, please explain below:

Southern New England Conference Pathfinder Ministries



MEDICATION ADMINISTRATION

(To be completed by the parent/guardian and kept on file with the Pathfinder Health Record)

Child's Name: _____

Age: _____

CONSENT TO ADMINISTER DRUGS

I give consent for Merrimack Valley Kings Kids Pathfinder Club to administer and/or supervise self administration of medication for the following over the counter and prescription medication to my child.

Over the Counter Medications

- ☐ Acetaminophen
- ☐ Ibuprofen
- ☐ Benedryl/Diphenhydramine
- ☐ Cough Syrup
- ☐ Tums

Prescription Medication

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

☐ Please check box if you wish to be contacted prior to King's Kids Staff administering any medication

My child is currently taking the following medication:

Name of Medication	Dosage	Frequency	Reason for taking medication

Should the medication or dosage required change while the participant is registered in the program, it is the Parent/Legal guardian's responsibility to make the necessary revisions to this form or to complete a new form immediately.

- All prescriptions shall be maintained with the child's name and shall be dated
- Prescription medication must be stored in the original bottle with unaltered label. Medication requiring refrigeration must be properly stored.
- Prescription and non-prescription medication shall be administered in accordance to the label directions

I fully acknowledge that while all precautions for the safe administration of medication will be taken MVSDA Kings Kids are not medically qualified to supervise this duty and that inherent in this, there may be risks or hazards for which I will not hold SNEC or any of its representatives responsible. I will also agree that I will ensure that all medication I provide for my child during any events has not expired and will be provided to the staff at time of events and picked up and maintained at home. No medication will be held on the premises outside of meetings and events.

Parent/Legal Guardian Signature: _____ Date: _____

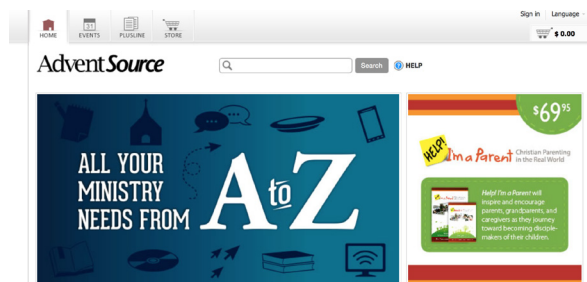
Uniform

AdventSource.com

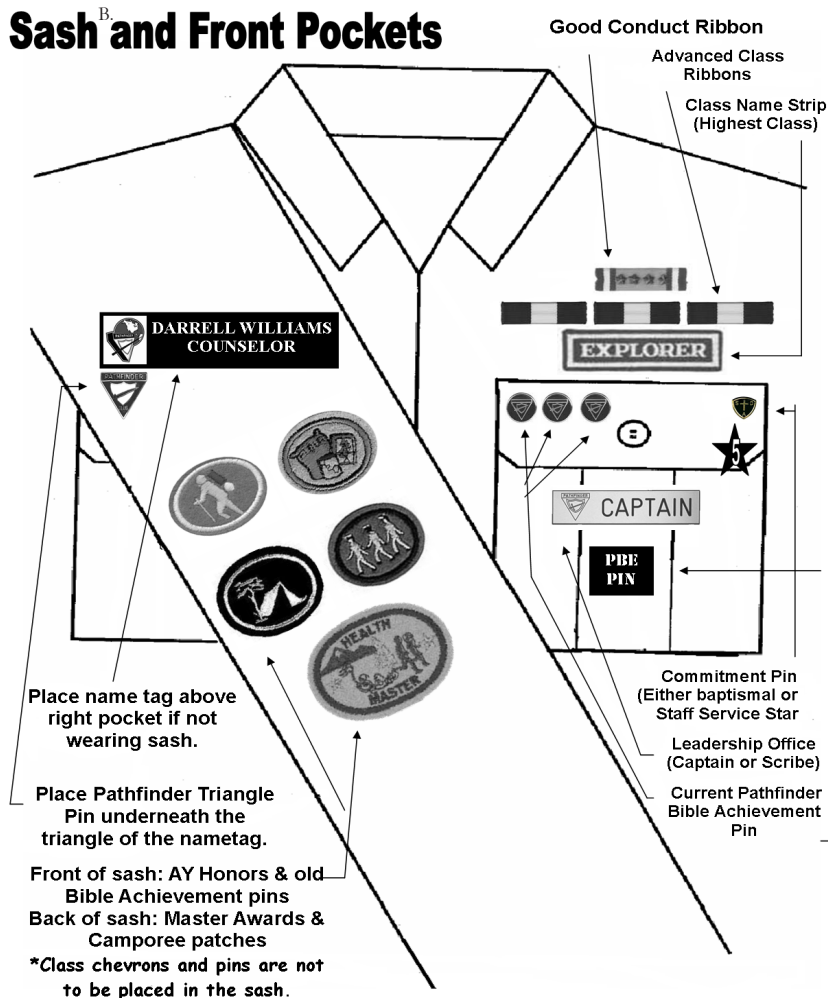
Pathfinder Uniforms or Class A Uniform

Boys' Shirts	Tan short sleeve
Girl's Blouses	Tan short sleeve
Boy's Slacks	Black, straight leg with belt loops
Girl's Slacks	Black, Strait leg with belt loops
Belts and Buckles	Black web belts with Pathfinder buckles
Neckwear	Open collar (one button) for both boys and girls. The official Pathfinder scarf is yellow with the Pathfinder world and triangle on it
Sash	The official Pathfinder slide is cloth with the logo Black fabric, may be wide enough for 3 honors and as long as the fingertips on the left hand Only one sash is to be worn as part of the uniform Items to be worn on the sash include: name tag/honors/Master Awards/Pathfinder pin on the front and Camporee patches/pins, honors, Master Awards on the back
Boy's Shoes/Socks	Black shoes and black sock
Girl's Shoes/Socks	Black shoes (no heels higher than 2 in) Black socks

Uniform orders should be made through the AdventSource.com website. Each Pathfinder is responsible for ordering the short sleeve shirt, pants, neckerchief, slide, sash and belt. Patches will be provided by the club and will be given to each Pathfinder at the earliest convenience. Please contact us at pathfinders@mvsda.org with any questions or concerns.



Sash and Front Pockets



Southern New England Conference - Pathfinder Policy

The uniform is always neat and clean. Because the Pathfinder Club is valuable to each member, that the uniform will be acquired and worn with enthusiasm.

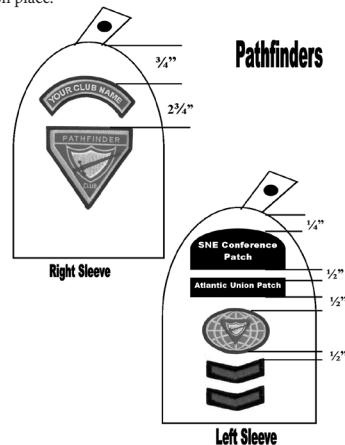
Class A Uniform

It is recommended that those having uniforms wear them on the following occasions:

1. At Pathfinder meetings, when required
2. At special Programs (Pathfinder Day, Induction, Investiture, and Bible Achievement, etc
3. At any public gathering when any or all act as messengers, Ushers, Honor Guard, Color Guards, First - aid details
4. On occasions as specified by Pathfinder Staff officers
5. While engaging in missionary outreach activities, such as In gathering, distribution food baskets, bouquets, literature, or church announcements; band work, such as singing bands and sunshine Bands

Uniform Should Not be Worn

1. If not a member
2. For work or play
3. When engaged in selling for personal profit, in selling for commercial or political purposes, or in personal solicitation
4. At anytime or place when its wearing discounts the organization or casts any reflection upon the uniform, lowers its dignity and esteem, and makes it common place.



*Uniform black pants do not need to be purchased through Adventsource