



King's Kids Pathfinder Club

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

www.mvsda.org
pathfinders@mvsda.org

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. 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.

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.

[Schedule \(will be updated throughout the year\)](#)

[Payment form](#)

[Cell phone/Electronic Device usage form](#)

[Pathfinder Membership Application](#)

[Uniform information sheet](#)

This year our staff will continue together to create a 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

10	9:00-12:00	Pathfinder registration, meeting, games	Field Uniform
23	All Day	Pathfinder - Adventist Heritage/Bates outing, hike	Field Uniform

October

14	4:00-7:00 pm	Meeting - Nature honor -	Field Uniform
28	4:00-7:00 pm	Meeting - Nature honor Induction -	Dress Uniform

November

11-12	3:00-5:00 Overnight	Community Service Call Collecting Pathfinder Sleepover - knots, pinewood derby, Camping skills	Field Uniform
12	12:00 pm	PICK UP	

December

9	4:00-8:00	Meeting - Health and Fitness	Dress Uniform
16	5:00-8:00	Pathfinder meeting and Christmas Party	Field Uniform

January

13	4:00-7:00	Meeting - Arts & Crafts	Field Uniform
27	4:00-7:00	Meeting - Arts & Crafts - Inspection	Dress Uniform

February

3		Pathfinder SNEC Area PBE	
10	4:00-7:00	Meeting - Arts & Crafts	Dress Uniform
24	4:00-7:00	Meeting - Arts & Crafts	Field Uniform

March

3		Pathfinder SNEC Conference PBE	
10	10:00-1:00pm	Pathfinder Sabbath	
	3:00-6:00	Meeting - Group Honor	Dress Uniform
24	4:00-7:00	Meeting - Christian Drama honor	Field Uniform

April

7		Pathfinder SNEC Union PBE	
14	4:00-7:00	Meeting - Christian Drama honor	Dress Uniform
20-21		Pathfinder DIVISION PBE	
28-29	5:00	Sleepover - Camping skills, knots	Field Uniform
29	12:00pm	PICK UP	

May

12	10:00-1:00pm	Investiture Sabbath	Dress Uniform
	1:30-6:00	Recreation - Hike	Field Uniform
18-20		Pathfinder Camporee	

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 and Health Information Application

_____ Payment Form with Initial Payment

Payment Method

\$125.00 One Time Payment

Due with Registration packet

\$62.50 Two Payments

1st Due with Registration

2nd Due in January

Nine Payments

\$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: _____

**Southern New England Conference of the Seventh-Day Adventist Church
KING'S KIDS Pathfinder Member Application 2017-2018**



I. Personal & Emergency Contact Information

Applicant Name: _____ Age: _____ Birth Date: ___/___/___

Investiture Achievement Class Completed: Friend Companion Explorer Ranger Voyager Guide

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

School: _____ Grade: _____ Gender: M F

Church: _____ Baptized(SDA) yes no Baptism Date: ___/___/___

Parent/Guardian Contact Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Parent/Guardian Contact Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

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

Name: _____ Relationship: _____ Phone: _____

2. Allergies/Health History/Medical Insurance

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

Health Insurance Company: _____ Policy Number: _____

Policy Holder: _____ Phone: _____

Does club member have any current physical, medical, or psychological conditions requiring medication, treatment, or special consideration or activity restrictions while participating in any Pathfinder event? ___ Yes ___ No If yes, please explain below:

Check Yes or No for each statement. Explain "yes" answers below.

	Y	N		Y	N
Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	Had fainting or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Passed out/had chest pain during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have a recurrent/chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Had a recent infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	Traveled outside the U.S. in the past 9 months?	<input type="checkbox"/>	<input type="checkbox"/>
Had a recent injury?	<input type="checkbox"/>	<input type="checkbox"/>	Have problems with falling asleep/sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
Had asthma/wheezing/shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	Ever had back/joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
Have diabetes? Type 1 Type 2?	<input type="checkbox"/>	<input type="checkbox"/>	Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
Had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	Have a problem with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
Had headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
Have impaired vision?	<input type="checkbox"/>	<input type="checkbox"/>	If female, have problems with menstrual cycle?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain "yes" responses in the space provided. _____

Child's Name: _____

Age: _____

Allergies: No known allergies

This Club member 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.

Does the Pathfinder require medication administered for allergic reactions? Benedryl/Diphenhydramine Epi Pen

Other: _____

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

3. Consent to Administer Medication and or Treatment

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.

Please call first prior to administering any medication

Over the Counter Medications

Prescription Medication

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

- _____
- _____
- _____
- _____
- _____

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.

1. All prescriptions shall be maintained with the child's name and shall be dated
2. Prescription medication must be stored in the original bottle with unaltered label. Medication requiring refrigeration must be properly stored.
3. 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.

I/we the parent/guardians hereby give my consent for the above named child to participate in the 2017-2018 Pathfinder year. I/we am aware that my child may at some point require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment become necessary for my child, I/we grant permission to MVSDA King's Kids Club Director and staff authority to obtain such emergency medical assistance. I/we further grant permission for medical personnel to administer emergency medical treatment.

Parent/Legal Guardian Signature: _____ Date: ___/___/___

4. Pathfinder Club yearly outing/trip PERMISSION SLIP

I, _____, the parent/legal guardian of _____, 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:

2017-2018 Pathfinder year - September 2017-August 2018

My child has permission to travel with the Pathfinder Club trip leaders and drivers 21 and over 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.

Parent/Guardian Signature: _____ Date: ___/___/___

5. Approval by Parent/Legal Guardian for Club Membership

The applicant must be in grades five through 10 to become a Pathfinder.

We will assist the applicant in observing the rules of the Pathfinder Organization. As Parents we understand that the Pathfinder Club program is an active one of 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, Snapchat, Instagram etc.)

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/Guardian Signature: _____ Date: ___/___/___

I would like to join MVSDA King's Kids 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: _____ Date: ___/___/___

Uniform

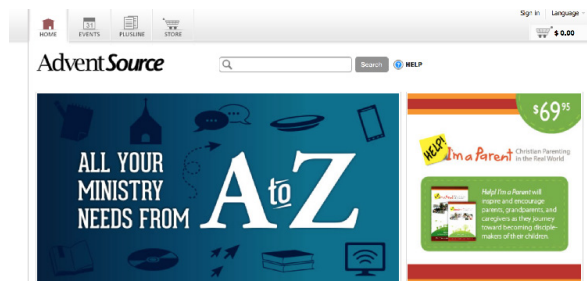
AdventSource.com

Pathfinder Uniforms or Class A Uniform

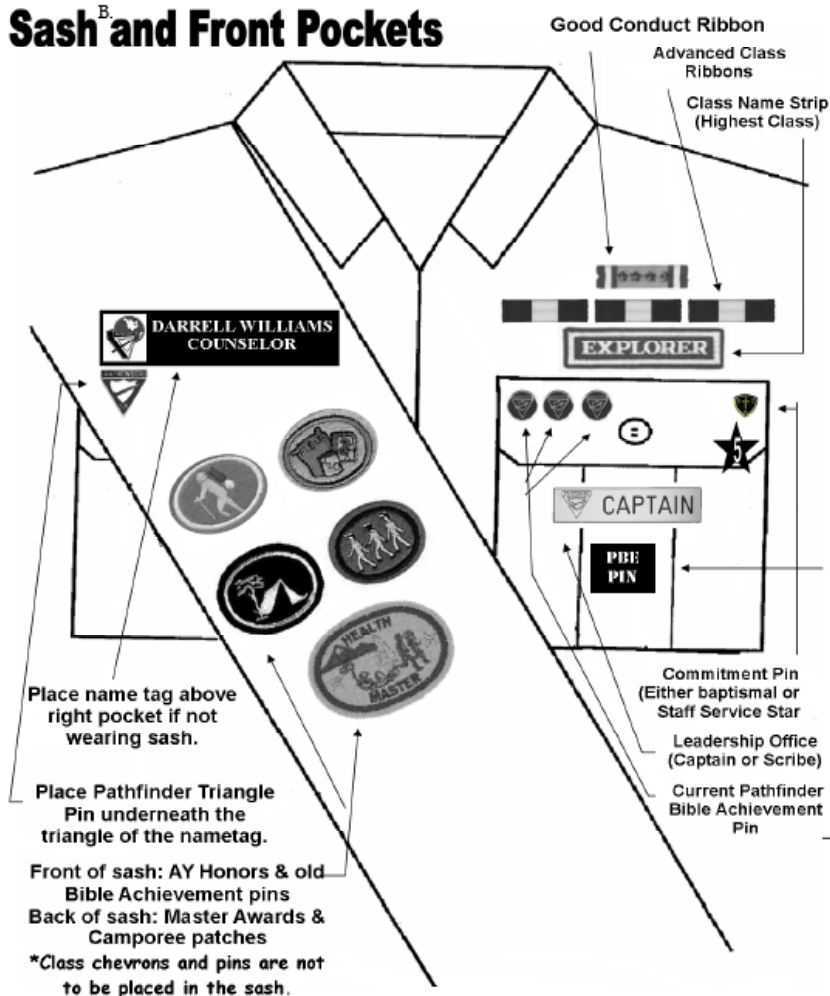
Boys' Shirts	Tan short sleeve
Girl's Blouses	Tan short sleeve
Boy's Slacks	Black, straight leg with belt loops
Girl's Slacks	Black, straight leg with belt loops
Belts and Buckles	Black web belts with Pathfinder buckles
Neckwear	Open collar (one button) for both boys and girls. The official Pathfinder 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.

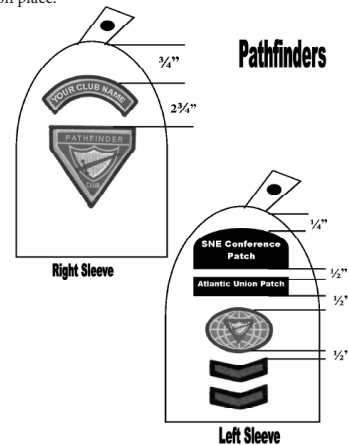
Class A Uniform

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