



SEC Area 8



Basildon Pathfinder Club

17 Jersey Gardens,
Wickford ,SS11 7AG

Registration Form

Child's Name _____ Birth Date ___/___/___ Age ___
 Parent's/Guardian's Name(s) _____
 Address _____ City _____
 County _____ Postcode _____ Home Phone _____
 Emergency Phone _____ Church _____
 School _____ Date of Registration ___/___/___

Pledge

By the grace of God, I will be pure, and kind, and true. I will keep the Pathfinder Law. I will be a servant of God and a friend to man

Law

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 errand.

Applicant Information

Tick classes invested in: Friend Companion Explorer Ranger Voyager Guide

I _____ will like to join the **Basildon Pathfinder Club**. I will attend meetings, activities, field trips, and other club activities. I will proudly wear my Pathfinder uniform and obey club guidelines.

Signature of pathfinder

As parent/guardian, I/we understand that the Pathfinder program is an active one which includes many opportunities for service, adventure, fun, and learning. I will support the program by:

1. Encouraging my Pathfinder to take an active part in all club meetings and functions.
2. Attending events to which parents are invited in support of my Pathfinder.
3. Assisting club leaders by serving as a helper when needed.
4. Not holding any individual club staff member liable in the event of an accidental injury.
5. Giving my permission for the above-named Pathfinder to attend Pathfinder activities.

Signature of parent/ guardian

Name _____ Work Phone _____
 Address _____ City _____
 County _____ Postcode _____ Home Phone _____