

Youth Ministries Management System Consent Form

Rationale for YMMS

The FL PAD implemented the Youth Ministries Management System to integrate all of the vital Club information into one system that is accessible to many groups at the same time. The local Club enters each child/adult's information and then it is securely saved so that the Club Director/Secretary can access it from anywhere and anytime with an internet connection. In addition, the Club can log a digital history for each member or transfer that information if a member transfers to another Club. The volunteer Coordinator team has access to valuable data that allows them to better serve Clubs (seeing when their events are, if they need help with registering for an event, to encourage them to complete tasks by certain deadlines, etc.). And the PAD office is better able to analyze, communicate, log, and track how Clubs are doing by Clusters or Areas. The system has simplified our registration process for events, how background checks are processed (and making sure the right adults attend our events). And finally, the North American Division has chosen to adopt this system for the division as well, because they see all the benefits.

Club Applicant's Personal Basic Medical (Allergy/Health) Information

Name _____ Age _____ Birthdate ____/____/_____

We the parents/guardians of _____ hereby ___ give or ___ not give permission to the Club Director to register my child into the Youth Ministries Management System in order for my child to be eligible to attend Conference Events. If I do not grant permission, I understand that my child will be limited to only participate in local Club events only.

We hereby **give / do not give** permission to the Club Director to register my child's allergies into the Youth Ministries Management System in order for the Florida Conference to anonymously gather attendee data to better plan events and provide medical volunteers proper medical supplies, accordingly. If I do not grant permission, I understand that my child will be limited to only being treated for general First Aid situations and sent to the Emergency Room in case of moderate to severe allergic reactions for which the event may not have been prepared for. All information entered in the medical section of the YMMS is accessible ONLY to those event specific medical/office staff that need to know medical information to best serve attendees at PAD events.

Father's Name Mother's Name Please provide contact info for one parent or guardian.

Father's Signature Mother's Signature _____
Email

Guardian's Name (If applicable) Guardian's Signature (If applicable) _____
Cell Phone

Subscribed and acknowledged before me this ____ day of _____, of _____, who is personally known to me or who has produced identification.

(Notarial Seal)

Notary Public signature, State of Florida

Local Club Use Only

PATHFINDER MEMBERSHIP APPLICATION

PLEDGE

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

(Please check one that applies)

I wish to:

Apply for membership
 Renew my membership
 Transfer my membership
from _____

LAW

Keep the morning watch
Do my honest best
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

Personal Information

Name Age Birthdate _____

Address Male Female _____

City State Zip Code _____

Phone Number: _____ Grade in School Baptized? Yes _____ No _____

Name of Church _____

Check all level(s) you have completed:

E-TRACKER: Friend Companion Explorer Ranger

VARSITY: Voyager Guide Pioneer Navigator

APPLICANT'S COMMITMENT: I agree to be guided by the rules of the Club and the Pathfinder Pledge and Law, and I will attend Club meetings, campouts, and other Club outings and activities.

Signature of Pathfinder: _____ Date: _____

Family History

Father Name: _____ Email: _____

Phone #: _____ Seventh-day Adventist? Yes _____ No _____ Church: _____

Has he worked with Pathfinders before? Yes No Master Guide? Yes No _____

Mother Name: _____ Email: _____

Phone #: _____ Seventh-day Adventist? Yes _____ No _____ Church: _____

Has she worked with Pathfinders before? Yes No Master Guide? Yes No _____

PARENT OR GUARDIAN APPROVAL: We hereby verify the applicant is in at least fifth grade. 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 and guidelines of the Pathfinder organization. As parents (or guardians), we understand that the Pathfinder Club program is an active one for the applicant. It includes many opportunities for service, adventure, discipleship training, 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 Club activities.
3. By attending events to which parents are invited.
4. By assisting Club leaders and by serving as leaders if called upon.

Parent/Guardian Signature: _____ Date: _____

CLUB USE ONLY

Membership Application completed Uniform Arrangements Made

Health & Medical Records Dues Paid

Inducted into Full Membership on: _____

Signature of Club Director: _____ Date: _____

MEDICAL CONSENT

In these days of lawsuits, medical consent forms are a necessity for every outing. The basic idea of the form is that it gives parental authorization for a doctor to treat a minor. It also provides information on where the parents and family doctor can be located.

The consent form provides protection for the doctor, the child, and the Club director.

1. The Doctor - a doctor who would give medical assistance to a child without the parents' knowledge, would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent form may be enough to persuade a doctor that the parents are unlikely to sue. (Many young people have been given medical aid at a remote hospital or office after the leader produced a consent form. Other times the form has not helped at all).

2. The Child - leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form could severely reduce that chance.

3. The Director - if a child is injured and unable to get proper medical care because the director did not bother to require medical consent forms, that director could certainly be a target for a liability suit.

Note:

Medical consent forms may be dated in such a way that they are suitable for the whole year. This has the obvious advantage of saving a lot of work in collecting new forms for each outing. There are two disadvantages to year-long consent forms. First, a form signed several months ago will not be as impressive to a doctor as one signed yesterday. Secondly, the form won't have current information on the location of the parents. They may be out of town the weekend of the particular outing on which their child is injured. Use your judgment.

MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name _____ Birthdate _____ Sex _____

Cell Phone # _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Medical insurance _____ Policy # _____

Father's Name _____ Home Phone _____

Cell Phone _____ Office Phone _____

Address _____ City _____ State _____ Zip _____

Medical insurance _____ Policy # _____

Mother's Name _____ Home Phone Cell _____

Cell Phone _____ Office Phone _____

Address _____ City _____ State _____ Zip _____

Medical insurance _____ Policy # _____

Physician's Name _____ Phone _____

MEDICAL HISTORY

Weight _____ Height _____ Last Tetanus shot _____

Food allergies _____

Medication allergies _____

Medications receiving now _____

Medical history (i.e., recent surgery, diabetic, chronic illness) _____

Person to notify in case of accident or illness if parents are not available

Name _____ Phone # _____

Relationship to child: _____

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above-named child. Effective from date of _____ to _____.

(One of the types of treatment must be marked.)

_____ Emergency Surgery _____ Both of the these
_____ First Aid _____ None of the above

ALL MEDICAL CONSENTS MUST BE NOTARIZED

Signature of Parent/Guardian _____

Subscribed and acknowledged before me this _____ day of _____

By _____, who is personally known to me or who has produced identification.

(Notarial Seal) Notary _____ Public signature, State of Florida

CODE OF CONDUCT

1. Pathfinders will be on time at all Club meetings and events. Chronic tardiness will be taken into account when evaluating a Pathfinder's Personal Performance.
2. Field Uniform (club T-shirt, shorts with length to the knees or jeans, tennis shoes) will be worn at all Club meetings and informal activities and functions unless specified otherwise, including campouts. Open toe shoes are not allowed at Club meetings.
3. Complete Class A or B uniform will be worn at all formal Club activities and designated Club meetings. Class A uniform consists of: tan shirt with all patches and pins, slacks (boys), black skirt or black pants (girls), black socks (boys) black socks or tan nylons (girls), black dress shoes (closed-toe), sash, scarf, black belt/buckle, and uniforms slide. Class B uniform is all of the above without the sash, scarf, and slide.
4. Jewelry: We, as members of the Seventh-day Adventist Church, believe that the wearing of jewelry and the display of wealth it implies is inconsistent with Pathfinding's principles. Therefore, we request that no visible jewelry be worn to any Pathfinder function. This also prevents the loss of valuable items.
5. Pathfinder should attempt to participate in every activity and will maintain good conduct always.
6. Pathfinders will not talk back to Pathfinder Staff or any older person at any time. Profanity is a cause for suspension.
7. Pathfinders whose conduct presents a continual or special problem will be subject to suspension upon the staff's recommendation.
8. During Club meetings or events, Pathfinders will stay together with the counselor, instructor, or director to speak, leave the area, or to go on an errand. If a Pathfinder needs to leave the group area, they must have permission from a counselor and sign out as instructed.
9. Pathfinders will come to attention when called to "fall in" or "line up."
10. Pathfinders will treat fellow Pathfinders with courtesy and respect. Pathfinders will be a "Servant of God" and a "Friend to man" at all times, whether during Club meetings, events, at home, church, school, or in the community.
11. On Camp-outs, Pathfinders will take turns doing Kitchen Patrol duty as scheduled and help with any after camping tasks. We must work as a team. Pathfinders should not expect to go home until all equipment is cleaned and put away.
12. Pathfinders will abide by the Pathfinder's Camping Code while camping. Refer to page 67.

Agreed to by: _____
Pathfinder Signature

Date: _____

Parent Signature Date

Date: _____