**Balham Pathfinder and Adventurer Club APPLICATION FORM**

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| **Club member details** |
| Surname: |  |
| First Name: |  |
| Address: |  |
|  | Postcode: |  |
| Date of Birth: |  Age:  |
| I would like to join the Balham Pathfinder and Adventurer (BPA) Club and be a: |
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| Pathfinder (10-15 yrs old) | 🗌 | Staff member | 🗌 |
| Adventurer (6-9 years old) | 🗌 | Drum Corp member | 🗌 |
| Eager Beaver (5 years old) | 🗌 | Volunteer | 🗌 |
| Little Lamb (4 years old) | 🗌 |  |  |
| Master Guide (16 years and over) | 🗌 |  |  |
| I will attend meetings, hikes, camping and field trips, outreach activities, and other activities as required. I agree to be guided by the rules of the club and the Pledge and Law. |
| BPA Club *member signature Date:* **/ /**  |
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| **Approval by Parents/Guardian** |
| **Photography Consent**The data protection act 1998 requires that we obtain your consent for images taken of your son/daughter (under 18’s) which are used in either video or printed material. Only first names will be used and/or the name of the club which they are a member.*Parent/Guardian please sign here to indicate your consent*  |
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| **Transportation Consent** We may organise offsite activities and need to obtain your permission to transport your child to these activities this transport may include minibus car coach and the following principles will be adhered to: A) all drivers will be DBS cleared. B) Transport will be provided that is roadworthy under UK law. C) all mini bus drivers are over 25 years of age. D) seat belts will be worn at all times by all occupants of the vehicle .  |
| *Parent/Guardian please sign here to indicate your consent* |
| **Parents/Carers will pay a registration fee to cover the subs for the year £12.00** 🗌 (Direct to BPA Club Bank Account)In consideration of the benefits derived from membershipwe hearby voluntarily waive any claim against the club or the south England conference on Seventh-day Adventists any accidents that may arise in connection with the activities of the Balham Pathfinder and Adventurer Club.As parents guardians we understand that the BPA Club programme is an active one for the applicant it includes many opportunities for service adventure and fun. We will cooperate by:* Learning how we can an assist the applicant and his/her leaders
* Encouraging the applicant to take an active part in all activities
* Attending events to which parents are invited
* Assisting club leaders and by serving as leaders if called upon
* Purchasing adventuring uniforms and inshore rents through the club treasurer
 |
| I am willing to assist the Balham Pathfinder and Adventurer Club by helping in the following ways:  |
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| **To be completed and signed by Parent/Guardian if member is under 18 years of age:**I hear by give permission for my child to attend the BPA Club and to take part in the activities arranged unless specified above I agreed to notify the leaders should they be any change to the information given. |
| Title: |  | First name: |  | Surname: |  |
| Relationship to club member: |  |
| Tel/ Mobile: |  | Email: |  |
| Signed: |  | Date: |  |
|  |
| To be completed by Staff members only (i.e. all over 16 years old).Disclosure and Barring Service certificate number:…………………………………………………………………………………….……………*Every person over 16 by law must have a DBS certificate pertaining to Adventures/Pathfinders done through the SEC and dated within three years without this the person will not be allowed to work with any children.* *(www.gov.uk/disclosure-barring-service-check/overview)* |

**Balham Pathfinder and Adventurer Club MEDICAL FORM**

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| **Club member details** |
| Surname: |  |
| First Name: |  |
| Address: |  |
|  | Postcode: |  |
| Date of Birth: |
| **Health Information** |
| Name of Family Doctor: |  |
| Telephone: |  |
| GP surgery Address: |  |
|  | Postcode: |  |
|  |  |  |
|  |
| Please tick if you have/have had any of the following: |
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| Rheumatic Fever | 🗌 | Heart Trouble | 🗌 |
| Asthma | 🗌 | Hernias | 🗌 |
| Fainting spells | 🗌 | Travel Sickness | 🗌 |
| Diabetes | 🗌 | Epilepsy | 🗌 |
| Hay Fever | 🗌 | Kidney Disease | 🗌 |
| **Date of last tetanus injection**  |
| *Please give details of any current/past illness or medical conditions of which we should be aware (please continue on a separate sheet if necessary)* |
| **Are you taking any kind of medication?**If yes, please give name of medication and dosage details, | **Yes**🗌 |  **No** 🗌 |
| *Any medications required during the club session or outings should be clearly labelled with the name and exact dosage details (and should be handed to the club leader at the beginning of each session, if under 18)* |
| **Do you have any known allergies (e.g. to foods, medicines, vaccines etc.)?** If yes, please give details: |
| **Are there any behavioural challenges that the club leader should be aware of?**If yes, please specify | **Yes**🗌 |  **No** 🗌 |
| **Emergency Contact Details** |
| Title: |  | First name: |  | Surname: |  |
| Relationship to club member: |  |
| Address if different from club member: |  |
|  | Postcode: |  |
| Daytime Contact No: |  | Evening Contact: |  |
| Mobile: |  | Email: |  |
| To be completed and signed by parent/Guardian if attendee is under 18 years of age. |
| Signed: |  | Date: |  |
|  |  |  |  |