



Master Guide Registration Form

Gulf States Conference of Seventh-day Adventist
YOUTH MINISTRIES DEPT.

P.O. Box 240249, Montgomery, AL 36124

Phone: (334) 272-7493, ext. 123 Email:erodriguez@gscsda.org

Approval by Parents/Guardians (for age under 18 only)

We have read the requirements for membership in the Master Guide Club and hereby clarify that _____ (candidate name) has reached the age of 16 years or over. We are willing and desirous that he/she becomes a Master Guide.

In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club or the _____ Conference of the Seventh-day Adventists-Association for any accidents that may arise in connection with the activities of the Master Guide Club.

As parents/guardians, we understand that the Master Guide Club program is an active one for the applicant. It includes many opportunities for service, adventure, and fun.

We will cooperate by:

- Learning how we can assist the applicant and his 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.
- By purchasing Pathfinder uniforms and insurance through the club treasurer.

I am a Master Guide: Father Yes No // Mother Yes No

I have worked with Pathfinders/Adventures in the following activities:

I am willing to assist Pathfinder/Adventure Club by teaching or helping in the following ways:

_____/_____/_____
(Signature of father/mother/guardian) (Date) (Occupation)



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CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

We, the undersigned parent(s) or guardian(s) of _____ (name of minor) do hereby consent to X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of _____ M.D., (name of physician) or any physician the club may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the undersigned parent(s) or guardian(s) before such diagnosis or treatment is rendered. It is further understood that reasonable effort will be made to contact the doctor listed above before any other physician is called.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize _____ (Name of club into whose custody minor is entrusted) to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect for one year unless earlier revoked in writing and delivered to the physician named or to the club entrusted with the custody of said minor.

Dated: _____

Father _____

Mother _____

Guardian _____

Witness _____

GSC MASTER GUIDE PHOTO,VIDEO AND ACTIVITY WAIVER



*Mail a copy to the GSC Youth Department

I, _____, grant
permission to the _____ Gulf

State Conference Master Guide and Gulf States Conference to take photos and videos of,

_____, during any and all
functions. I understand and agree that these photos and videos may be used in any manner that the
Master Guide staff/Conference deems appropriate. I further understand that any such use of the
above mentioned materials would be done in a responsible and Christian manner and with the best
interest always in mind.

I also agree to relieve the _____ Master Guide
Program, the church, Gulf States Conference and its staff of any legal responsibility for any issues arising
from the use of my photos, videos or any local or conference events.

_____ Master Guide Name (Please Print)

_____ Date

_____ Parent (s)/Guardian Name (Please Print)

_____ Parent (s)/Guardian Signature

_____ Date