



Master Guides Membership Application

Name: _____ DOB: _____ Phone #: _____

Cell Phone #: _____ E-mail: _____

Address: _____ City: _____ Zip Code _____

Baptized? _____: If not, Denomination or Religion: _____

I have been a pathfinder: Yes No If yes, where? _____ Highest Class _____

My father is a Master Guide: Yes No My mother is a Master Guide: Yes No

Medical history: _____

_____ Allergic to: _____

I have read the Law, Vote, Motto and Aim of the Master Guides, and I am willing and desirous of participating of the events of this Ministry. I will observe the rules of the organization of the Master Guides. As an applicant, I understand that the Ministry of Master Guides is an active program that includes many opportunities of service, adventures and physical activity. I will cooperate in the following:

1. Knowing how we can help the leaders.
2. Taking an active part in all the activities.
3. Attending all the events to which we are invited.
4. Helping the leaders and serving as leader, if I am requested.
5. Supplying the necessary information in the registration application and in the health report.

I have received a copy of the regulations of the Master Guide Club. I have been explained the rules and I accept the laws that govern it. Also I agree in participating in active form in all the meetings and behave correctly.

Signature: _____ Date: _____

Medical Permission

Permission to provide necessary treatment in the event of an emergency

A Medical Permission is required for each teenager younger than 18 years that participates of the field trips and camps. *The Director will always keep a copy and place another copy in the vehicle where the teenager will be transported.*

Name of the Applicant: _____

By this means, in case of an emergency I give permission to the medical personnel selected by the Master Guides Director or their assignee, to order X-Rays, routine exams, treatments, obtain medical records for purposes of medical insurance, and provide or fix any necessary transportation for my son or daughter. This signed form can be photocopied for any activity of the Master Guide Club.

Parent or Legal Tutor Name: _____

Signature: _____ Date: _____

Emergency contact: _____ Telephone _____

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