



St. George Pathfinders, Inc.
Western American Region
Division "Kiev"
<http://www.sgpsf.org>
Facebook: Druzhina Kiev – St. George Pathfinders

ANNUAL DUES 2017 / ГОДОВЫЕ ЧЛЕНСКИЕ ВЗНОСЫ 2017

Годовые членские взносы/ Dues this year are:

\$100 каждый член / per individual member

\$75 каждый дополнительный член в той же самой семье / each additional member in the same household

\$55 Скауты пенсионного возраста / Special Pricing per Individual Retiree

Camp attendance requires 20 hours of volunteer time per family. These hours can be accomplished by helping out at our fundraisers, working on special projects, and helping out on work weekends or camp.

Please make checks payable to "St. George Pathfinders" and send to address listed directly below along with your completed release forms **by March 15th.**

~~St. George Pathfinders
c/o Irene Motoviloff
2508 Poppy Drive
Burlingame, CA 94010~~

After May 31st all dues payments must be sent to the San Francisco address.

→ **St. George Pathfinders
6231 Geary Blvd.
San Francisco, CA 94121**

To be fully registered you must return all three items:

1. Signed Medical Consent Form
2. Photo/Insurance Information Form
3. Dues Payment (late fees may apply to renewing members who do not pay by the deadline)

Note:

A child will not be able to participate in Druzhina "Kiev" events unless Medical Release and Consent forms are on file.

Please notify us if any of your contact information changes during the year.



St. George Pathfinders, Inc.
Western American Region
Division "Kiev" / Division "Nizhni Novgorod"

OFFICE USE ONLY:	
Check #:	_____
Date:	_____
Amount:	_____
Ins Card:	_____ Photo: _____

PARENTAL RELEASE & CONSENT FOR MEDICAL AND SURGICAL CARE FORM

I/We hereby give consent for:

Child's Name: _____ Date of Birth _____ (month/day/year) to participate in all 2017/2018 activities including, but not limited to Summer Camp conducted by the St. George Pathfinders and travel by bus, private auto or other type of vehicle with the St. George Pathfinders.

I/We agree to direct our child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the program. Furthermore, the undersigned agrees to hold the St. George Pathfinders, their officers and all individuals (volunteer adults or other scout campers) placed in charge harmless of any claims that may arise against them from bodily injury or property damage due to accidents or occurrences arising out of my/our child's participation and/or travel in the course of said program whether the result of negligence or any other cause.

Use or possession of alcohol, drugs or smoking material during the Camp sessions on or off the Camp premises will lead to automatic expulsion from the Camp. Rules for acceptance and participation in the program are the same for everyone without regard to race, color, or national origin.

By signing below, I/we hereby give permission for child named above to receive from camp staff over-the-counter medications (i.e., aspirin, Tylenol, topical ointment, etc.) and/or medical or surgical treatment and to be hospitalized if necessary in case of injury or possible illness while participating in a program and/or traveling with the St. George Pathfinders.

It is further recognized and agreed that the St. George Pathfinders, their officers and individuals placed in charge will not be liable in any way for accidents, injury or other mishaps whether the result of negligence or other cause.

IT IS UNDERSTOOD THAT IN CASE OF EMERGENCY EVERY EFFORT WILL BE MADE TO CONTACT US OR THE PERSON LISTED BELOW:

<u>Parent/Guardian:</u>	<u>Additional Contact (Optional):</u>
Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
City _____ State/Zip _____	City _____ State/Zip _____
Phone: Home _____	Phone: Home _____
Cell _____	Cell _____
Email Address _____	Email Address _____

<p>Listed below is the medical insurance in effect for the above named child and <u>attach copy of Medical Insurance Card (both sides).</u></p> <p>Name of Insurance Company: _____ Policy Number: _____</p>

Child is known to be allergic to the following foods and medications. Additionally, special attention should be paid to the following medical problem: (e.g. other allergies, fainting, diabetes, heart disease, enuresis (bed-wetting), epilepsy, etc.):

Tetanus shot in effect (date) _____ good through _____

SIGNATURE SIGNIFIES CONSENT/AUTHORIZATION THROUGH 8/31/2018 UNLESS OTHERWISE SPECIFIED. TO BE SIGNED BY PARENT OR GUARDIAN

Signature of Parent or Legal Guardian _____ Date _____

CHILD'S PHOTO (SCHOOL OR PASSPORT)

Attach copy here

COPY OF CURRENT INSURANCE CARD

Front:

Attach copy here

Back:

Attach copy here