



**St. George Pathfinders, Inc.  
Western American Region  
Division "Kiev"**

**Follow us on the following social media sites  
(updates for events and sign-ups will be provided)**

**Website: <http://www.sgpsf.org>**

**Facebook: St. George Pathfinders - Druzhina Kiev**

**Instagram: [Sgp\\_d\\_kiev](#)**

**Shutterfly: <https://dkiev.shutterfly.com/>**

**ANNUAL DUES 2020 / ГОДОВЫЕ ЧЛЕНСКИЕ ВЗНОСЫ 2020**

**Годовые членские взносы/ Dues this year are:**

**\$80 каждый член / per individual member**

**\$60 Скауты пенсионного возраста / Special Pricing per Individual Retiree**

**Camp attendance requires 30 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 15.**

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

**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"**

<b>OFFICE USE ONLY:</b>
Check #: _____
Date: _____
Amount: _____

**ADULT CONSENT FOR MEDICAL AND SURGICAL CARE FORM**

I \_\_\_\_\_ (your name) hereby give my consent to receive medical or surgical treatment and to be hospitalized if necessary in case of injury or possible sickness while participating in the 2020/2021 program and/or traveling with the St. George Pathfinders.

It is agreed that in the event of sickness, injury or accident I will assume full financial responsibility for the payment of medical and/or other costs.

It is further recognized and agreed that 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 the person listed below.

**IN CASE OF EMERGENCY PLEASE CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Res: \_\_\_\_\_ Cell: \_\_\_\_\_

<b>List below the medical insurance in effect for the individual signing this form:</b>
Name of Insurance Company: _____
Policy Number: _____ Date of Birth _____

I am 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, epilepsy, etc.)

\_\_\_\_\_

**SIGNATURE SIGNIFIES CONSENT/AUTHORIZATION THROUGH 3/31/2021 UNLESS OTHERWISE SPECIFIED.**

Signature (Legal Name) \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: Res: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone Number for Group Chat/Group Text: \_\_\_\_\_