



**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 2022 / ГОДОВЫЕ ЧЛЕНСКИЕ ВЗНОСЫ 2022

Годовые членские взносы/ Dues this year are:

\$80 каждый член / per individual member

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

Volunteer time per family - 30 hours. These hours can be accomplished by helping out at our fundraisers, working on special projects, and helping out on work weekends or camp. During the pandemic, although 30 hours may not be strictly required, parental support is still requested, appreciated and coordinated by your leader.

Please make checks payable to "St. George Pathfinders" and send to address listed directly below along with your completed release forms **by March 31.**

**St. George Pathfinders
c/o Irene Motoviloff
2508 Poppy Drive
Burlingame, CA 94010-5534**

To be fully registered you must return all items:

1. Signed/Completed Medical Consent Form
2. Photo/Insurance Information Form (Children)
3. Dues Payment (late fees may apply to renewing members who do not pay by the deadline)
4. Covid-19 Waiver Form

You must notify us if any of your information changes during the year.



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

| |
|---|
| OFFICE USE ONLY: Check #: _____ Date: _____ Amount: _____ |
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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 2022/2023 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: _____

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| List below the medical insurance in effect for the individual signing this form: Name of Insurance Company: _____ Policy Number: _____ Date of Birth _____ |
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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.)

Please acknowledge by marking appropriate boxes below:

- I have had Covid-19
- I have been vaccinated for Covid-19
- I have read and completed the Assumption of the Risk and Waiver of Liability Relating to Covid-19

SIGNATURE SIGNIFIES CONSENT/AUTHORIZATION THROUGH 3/31/2023 UNLESS OTHERWISE SPECIFIED.

Signature (Legal Name) _____ Date _____

Address: _____ City/State/Zip: _____

Email Address: _____

Phone: Res: _____ Cell: _____

Phone Number for Group Chat/Group Text: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and in the air. People can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

St. George Pathfinders, Inc. ("SGP") cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while participating in or attending activities on SGP premises. It is not possible to prevent against the presence of the disease. Therefore, if you or your child(ren) choose to participate in or attend activities on SGP's premises or with SGP, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you or your children may be exposed to or infected by COVID-19 by attending or participating in an activity with SGP and that such exposure or infection may result in injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by COVID-19 as a result of attending or participating with SGP may result from the actions, omissions, or negligence of yourself and others, including, but not limited to, activity volunteers, activity participants, and their families.

I, _____, voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s participation in or attendance at an activity/event with or at a SGP property or property rental ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless SGP and its volunteers, trustees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto, whether known or unknown, foreseen or unforeseen. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the SGP, its volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in or attending any activities with SGP or on any SGP controlled properties.

Participants Under 18:

I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR NAMED BELOW, HAVE THE LEGAL RIGHT TO CONSENT TO THE TERMS AND CONDITIONS OF THIS RELEASE. I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Child Name(s): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (printed): _____

Participants 18 or Over:

I CONSENT TO THE TERMS AND CONDITIONS OF THIS RELEASE. I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Adult (over 18) Signature: _____ Date: _____



Clothing Order Form

Please complete and submit with 2022 Membership Forms. Please note that quantities in some styles / sizes are limited.

Camper's Name: _____

T-Shirt (\$15 each) _____ **x \$15** _____
Circle Size Below:
Youth Size: Medium, Large
Adult Size: Small, Medium, Large, XLarge

Sweatshirt (\$25 each) _____ **x \$25** _____
Circle Size Below:
Youth Size: Medium, Large
Adult Size: Small, Medium, Large, XLarge

Flannel Pajama Pants (\$20 each) _____ **x \$20** _____
Circle Size Below:
Adult Size: XSmall, Small, Medium, Large, XLarge, 2XL

Scout Uniform Shirt (\$35 each) _____ **x \$35** _____
Circle Size Below:
Youth Size: Medium, Large
Adult Size: Small, Medium, Large, XLarge, 2XL

Need some patches/Znachki (various)
Describe: _____

Make Checks Payable to "St. George Pathfinders"