



# 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

**Name** \_\_\_\_\_ / \_\_\_\_\_  
                     First                      Middle Initial                      Last                      Maiden Name

**Address:** \_\_\_\_\_  
                     Street                                      City                                      State                                      ZIP

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Age:** (please circle one) 16-19    20-39    40-59    60+

Master Guide Applicants younger than 18 must have a Parent consent form.

		<b>Ok to Call</b>	<b>Best Day</b>	<b>Best Evening</b>
<b>Home Telephone:</b>	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cell/Other:</b>	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Email Address:</b>	_____			
	<i>Please make sure your email address is legible</i>			

**Date Inducted in GSC MG Program** \_\_\_\_\_ **Place** \_\_\_\_\_

**Area Coordinator** \_\_\_\_\_ **Contact Information** \_\_\_\_\_

**Please mark the Levels Completed:**

<u>Adventurer</u>	<u>Pathfinder</u>	<u>Advance Classes</u>	<u>Master Guide Program</u>	<u>Year</u>
___ Little Lamb	___ Friend	___ Trail Friend	___ Master Guide	<b>Invested</b> _____
___ Eager Beaver	___ Companion	___ Trail Companion	___ AYMT Courses	_____
___ Busy Bee	___ Explorer	___ Wilderness Explorer	___	
___ Sunbeam	___ Ranger	___ Wilderness Ranger		
___ Builder	___ Voyager	___ Frontier Voyager		
___ Helping Hand	___ Guide	___ Frontier Guide		
		___ TLT		

**What Club are you presently affiliated?** \_\_\_\_\_

**Please list the name of the Club Director and contact information**

**What classes are you currently teaching?** \_\_\_\_\_

*Please place an X beside each honor you have earned and are prepared to teach on honor listing on reverse side*

**I affirm that the information listed above is accurate.**

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

**GSC YOUTH MINISTRIES OFFICE:**

**Date Received** \_\_\_\_\_ **Signature** \_\_\_\_\_





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## 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