



2024 CLUB PACK Contents

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2024 EVENTS



ADVENTURERS & PATHFINDERS

PLA & Master Guide Training February 17th - 18th

> World Adventurer Day May 18th

Teen InitiativeAugust 16th - 18th

WA Pathfinder CamporeeSeptember 20th - 23rd

World Pathfinder Day September 21st

WA Adventurer Camporee October 18th - 20th

Local Club Investiture
November

Pathfinder Corroboree

December 7th



2024 ABSEILING

ADVENTIST OUTDOORS

March 24th
April 28th
May 26th
June 16th
August 25th
September 29th
October 13th

Location

Statham's Quarry - Ridge Hill Rd, Gooseberry Hill WA 6076

Cost

\$5 per participant

Form

https://forms.office.com/r/2Bdj19G8L6

Abseiling operates on a first in best dressed basis so please complete the 'Pathfinder Abseiling Booking Request' form as soon as possible.





2024 CLUB PACK District Directors

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CLUBS

Bunbury, Busselton & Rockingham

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Personal details of District Directors are to be used for club purposes only

2024 CLUB PACK **Events & Expectations**

Storm Co.

29th June - 7th July

There are no staffing requirements but we do ask that you promote Storm Co. registration to your clubs as it is a requirement for Pathfinders to receive their Green Beret. Leaders and parents are welcome to sign up and attend StormCo as well.

Teen Initiative

16th-18th August

Clubs do not need to provide staff for this event. It is fully organised by the Advisory and Conference team. However, individuals from various clubs will be invited to staff this event.

State Camporee

20th - 23rd September

All clubs are expected to participate in Camporee, this includes all staff. Specific even information will be send out accordingly throughout the year.

Corroboree

7th December

All leaders are expected to attend Corroboree to support their Pathfinders.

2024 CLUB PACK Forms

Club Application Form



https://forms.office.com/r/H3K60E0uFJ

End of Year Award Forms

Due November 1st

Graham Barnett Green Beret Award



https://forms.office.com/r/z2JpbWrnT6

Years of Service Award



https://forms.office.com/r/i0gbq29LZd

Master Guide & PLA



https://forms.office.com/r/TAdYUW62uk

2024 CLUB PACK 200 Club Award

200 Club is fun and exciting for the kids in your club as well as being a way of ensuring all clubs are performing the required activities. You can use it as a tool to motivate participation. Reports are due to the Youth Team and your club DD by the 10th of each month for the month prior.

Key: MS = Maximum Score, YU= Your Use, OU = Our Use

Section One - Basic Details

This section is simple but often missed. <u>Please make sure you fill</u> this in fully every month, especially the 'report for the month of' section. Here you will also record details of any club meetings you had during that month.

<u>Section Two - Monthly Section</u>

All point allocations are outlined on the next page, please take care to ensure you are scoring correctly. This section is completed each month, removing the previous month's score.

<u>Section Three - Bi-Monthly Section</u>

It is expected that each club completes five events each year that fall under either of the specified categories:

Special Event (SE) or Share Youth Faith (SYF)

There must be three of one event type and two of the other and 75% club participation at each. Be sure to fill in ALL required fields as events are completed, adding to your list as the year progresses. These events CANNOT include anything listed in the Annual Section.

Section Four - Annual Section

This is a list of the basic events and activities clubs are expected to participate in. Please fill in the details required as each activity is completed. By the end of the year this table should be full, adding to each month and leaving the previous month's activities.

2024 CLUB PACK 200 Club Award

200 CLUB SCORING SYSTEM

Monthly Section

1. Number of Club Meetings:

- Standard Program
 - Two Meetings = 5 Points
 - One Meeting = 3 Points
- Specialty Program
 - One Meeting = 5 Points

2. Average Attendance:

- 0-20%= 1 Point
- 21-40% = 2 Points
- 41%-60% = 3 Points
- 61-70% = 4 Points
- 81-100% = 5 Points

3. Average in Uniform:

- 0-20%= 1 Point
- 21-40% = 2 Points
- 41%-60% = 3 Points
- 61-70% = 4 Points
- 81-100% = 5 Points

4. Chaplain Devotionals:

- Standard Program
 - Two = 5 points
 - o One = 3 points
- Specialty Program
 - One = 5 Points

5. Staff Meetings:

- One with at least 75% attendance
 - 5 Points

6. Report Submission:

- Submitted by 10th of the Month
 - 5 Points
- Submitted after 10th of the Month
 - O Points

7. Class work:

- Both classes AND advanced classes
 - 5 Points
- Classes only
 - 3 Points

8. Flag raising - Pledge & Law:

- Both done at meetings
 - 5 Points
- One only done at meetings
 - 3 Points

2024 CLUB PACK 200 Club Award

200 CLUB SCORING SYSTEM

Bi-Monthly Section

Both event types require 75% or more attendance to be counted.

Special Event (SE)

An event one for yourself

• 4 Points Each

Share Your Faith (SYF)

An event/activity done for someone else

• 4 Points Each

Annual Section

Allocate maximum points for participation as outlined on the report form.

Final Score	Maximum Points
Average of the best 9 monthly section to	otals 40
Ri-monthly soction	20

Bi-monthly section 20 **Annual Section** 165

Grading & Awards

200 Club Award	200-240
A Grade Pennant	185-199
B Grade Pennant	70-184
C Grade Pennant	155-169
Participation Pennant	0-154

Pathfinder 200 Club- Monthly Report

The first page should be completed at the start of the Club Year and updated as required.

The second page should be updated Monthly and emailed to the Conference Youth Secretary and your District Director. **This report is due by the 10**th **of each month.**

District Director. This	report is due by	y the 10 th of eac	h month.
Club			
Director			
Secretary			
District Director			
Sponsoring Churches			
Annual	Club regis	tered with Confe	ence – This provides Insurance for Pathfinders :
Insurance Check List	Confirm tl	hat your church h	as insurance for club Equipment and Buildings :
	Club Equip	oment list is curre	nt: List last updated (date):
Style of Program			
Way to Go			
Card Traditional			
Specialties			
Which ones?			
Combination of :			
	<u>l</u>		
Classes:	No's doing	No's doing Advanced	
Friends		Advanced	
Companions			
Explorers			
Rangers			

Friends	
Companions	
Explorers	
Rangers	
Voyagers	
Guides	
Totals	
AY – Silver	
AY – Gold	
Leadership Awards	
Master Guide	
PLA / AO	
Other Awards	

Composition of Club Membership	Male	Female
Director (s)		
Deputy Director (s)		
Secretary		
Counsellors		
Junior Counsellors		
Other Misc. Staff		
Pathfinders		

Pathfinder 200 Club- Monthly Report							
Pathfinder Club Report for the month of							
Report Date	Person Filing Report						

Pathfinder Meetings and Monthly Section should be completed for each month. Delete previously report data.

MS = Maximum Score; YU = Your Use; OU = Our Use. Date Format dd/MM/YY

Pathfinder Meetings (that included class work, curriculum or organised activity)							
(Fill in End Date fo	(Fill in End Date for Camps or Sleepovers where the meeting is over more than one day)						
Start Date	Time	End Date	Time				
Activity/Location							
Start Date	Time	End Date	Time				
Activity/Location							
Start Date	Time	End Date	Time				
Activity/Location							
Start Date	Time	End Date	Time				
Activity/Location							

Monthly Section	MS	YU	OU
1. No Regularly Scheduled Club Meetings	5		
2. Ave % Attendance – PF and Staff	5		
3. Ave % in specified Uniform	5		
4. Number of Chaplain Segments	5		
5. Staff Meetings with 75% Attendance	5		
6. This report returned by 10 th of month	5		
7. Class work	5		
8. Flag Raising / Pledge and Law	5		
Monthly Total	40		

Bi-Monthly and **Annual section**s should be **added** to each month as events occur. **Leave previously reported events** and points.

Bi-Monthly Section	Event Type	Event Date	Month	MS	YU	OU
(Special Event / Share Your Faith) 75% Participation	Max 3 of		Reported			
Provide Brief Details for each event	SE or SYF					
1.				4		
2.				4		
3.				4		
4.				4		
5.				4		

Annual Section	Event Date	Month	MS	YU	OU
		Reported			
1. Leadership Seminar			20		
(min 25% staff participation OR 25% been invested in PLA or AO					
2. Yearly Program to DD			10		
3. Club visit and assessment by DD			10		
4a. Club Campout 1 (2 nights / 75% club participation)			10		
4b. Club Campout 2 (2 nights / 75% club participation)			10		
5. Conf Teen Expedition / Initiative / STORM Co			5		
(at least 1 Teen participation)					
6. Pathfinder Day conducted			15		
7. Camporee or Fair (75% Club Participation)			30		
8. Extra Honours or Crafts			5		
9. Investiture (80% Club Participation) Number Invested :			20		
10. Corroboree			30		

Risk Analysis for an outdoor Activity / Event

Print Form

Youth Director's name: Date of Assessment:

Submit by Email

Pathfinder Club or Outdoor Group:

Activity:

Location:

Activity date/time:

Name of person compleating this assessment: Assessor's name:

Final assessment: Does the final occurrence rating suggest the risk is at an acceptable level to proceed. 1. Accept 2.Review 3. Rejected totally	1. Accept		
Occurance rating after minimisation applied. 1. Low 2. Moderate 3. Extreme	1. Low		
Risk minimisation strategy	1. Slow down when walking over rocky areas 2. Correct foot ware for walking on rocks		
Occurance rating: 1. Low 2. Moderate 3. Extreme	2. Moderate		
Identified Possible Risk and Cause	EXAMPLE: Tripping on rocks		

Final assessment: Does the final occurrence rating suggest the risk is at an acceptable level to proceed. 1. Accept 2. Review 3. Rejected totally			
Occurance rating after minimisation applied. 1. Low 2. Moderate 3. Extreme			
Risk minimisation strategy			
Occurance rating: 1. Low 2. Moderate 3. Extreme			
Identified Possible Risk and Cause			



ADVENTIST OUTDOORS West Australian Conference

Send completed form to: WA Conference PO Box 377 Bentley WA 6982 or e-mail:

activity notifications@adventistoutdoorswa.org.au

ACTIVITY NOTIFICATION – to be used for all church group outdoor activities Please complete all relevant sections

To be sent to ADVENTIST OUTDOORS Western Australia office arriving one (1) week prior to conducting the activity.

Conference Adventist Outdoors Chairperson, Youth Dept. and OH&S Dept. receives a copy

Ensure that your Base / Emergency Contact person also receives a copy of this document.

Church/Comp	oany – Name:											
Type of activi	ty (ies)				Today's Date:							
Church Dept.	for which the	e activity is co	Authority from church Dept. / local									
			church board									
Adventurers	Pathfinders 	Youth Dept.	Yes□	No□								
Activity Site / Location												
Address:												
and/or Latitude/Grid: Intended route:												
	Date in: Date out:											
Finishing time: intended completion time for the Activity:												
Activity Detai	ils:											
Base / Emergency Contact Person Phone number: Parents or next of kin												
			of party member have									
This person should in They should notify t			al	E-Mail:		been given Contact						
if not contacted by:						Details						
				Mobile number:		Yes No						
Time:	Day:	D	ate:									
Overall in Cha	arge (role):			Mobile:								
Contact Deta	ils:			E-Mail:		WWCC:						
Socond in Ch	argo (rolo):			Mobile:								
Second in Ch	arge (roie).			Mobile.								
Contact Deta	ils:			E-Mail:		WWCC:						
Critical Incide	ant Managar			Mobile:		WWCC:						
	ent Manager:			Mobile:		WWCC:						
	order (Time L	ine):		Mobile:								
First Aid Pers	son:			wiobile:		WWCC:						

Location of Act	ivity:										
Private	State F	orest	National	Park	Wilderness	Church	Other:				
Property□						property□					
Object of the A	ctivity:		•								
Recreational:	Pathfind	der Class	Honours	req'ts:	Educational:	Training:	Other:				
	req'ts:□]									
If training indicate level of training being undertaken:											
Instructor P	LA	PSA	MG	(OTHER		f Participants				
						_	ding (adults and				
Cartificate of i						children):					
Certificate of insurance provided to land manager or others Not required:											
(Eg. DEC)□											
Risk Assessment Completed: ☐ Emergency Response Plan Completed: ☐											
Vehicle Registration: one or more vehicles at site											
Vehicles at site	Vehicles at site: Colour:										
Registration:				Ma	ke and Model:						
Emergency Comm	nunications: [Police, Non	Urgent 1314	44, Poiso	ons information 13112	26, Fire 000, DEC:					
Access/Egress:	Ne	earest Emer	gency Centr	e:							
Mobile:⊠ UHF Ra	adio:□ SPOT	⁻- Tracker:□] Sat Phone:	:□ EPIRB	:□ VHF Radio:□ Oth	ner:□					
The party is eq	uinned for	this amou	int of days		Chalt	er:□ Clothing	·□ Food·□				
The party is equ	aippeu ioi	uns amol	ant or days		311011	.ci. Li Ciotiiiiig	.L 100u.L				
Ownership of e	quipment	: Private	:□ Hire:□	l Church	n:□						
OFFICE ADM	INISTRAT	TION ON									
Signature:			A	Authoriz	ed Person:						

E-MAIL COMPLETED DOCUMENT TO: <u>activity notifications@adventistoutdoorswa.org.au</u>

Remember to give a copy of this document to your Base / Emergency Contact person.

REMEMBER TO INFORM CONTACT PERSON ON RETURNING FROM THE ACTIVITY

INCIDENT & INVESTIGATION REPORT

To be completed by Workplace Manager OR Immediate Supervisor

Person Involved: Name: Sex: M F F	SEVENTH-DAY
<u>Age:</u> <u>Address:</u> P/code	CHURCH Western Australian Conference 44 – 60 Station Street, Gosnells, WA 6110
Date of Incident: / 20 Time: AM / PM Exact Location:	PO Box 134 Gosnells, WA, 6990 Telephone (08) 9398 7222 Facsimile (08) 9398 5164 E-Mail: waadmin@adventist.org.au
Your Choices are – Minor OR Moderate OR Major OR Catastrophic Relationship to Employer, Organisation, or Activity: [Choose one] Your Choices are – Employee OR Contractor OR Student OR Visitor OR Camp	
Details of Treatment Provider: <u>First Aid Attendant:</u> Address: Doctor: Was Ambulance Used: Yes No Depot Involved: Treated at Hospital: Yes No Admitted as: Inpatient OR Outpatient Name of Hospital:	
A. Preceding event: (Describe event immediately prior to accident, eg. Sharp	pening chisel on grinder)
B. Accident event: (Describe event causing injury eg. Tool ejected from grin	der)
C. Injury event: (Describe how injury happened eg. Struck by part ejected f	rom grinder)
<u>D. Following event:</u> (Describe , eg. Machine Stopped – Help called – <u>GIVE I</u>	DETAILS of First Aid given)

Was a Registered Vehicle Involved: Yes □ No □ Registration Number: .	
Vehicle Make & Model: Driver:	
If Police Involved - Police Report Number:	
Police Officer and Station:	
Witness Details (attach written statements to this report form)	
Name:	Phone:
Address:	Postcode:
Name:	Phone:
Address:	Postcode:
Claim Potential - Employees': Do you anticipate a Workers' Compensation claim b	being made? Yes No No
[If "YES", include any "Compensation Claim Forms" when you forward this rep ordinator at PO Box 134 Gosnells WA 6990	
Non-employees': Do you anticipate a claim being made by someone other than an ex	mployee? Yes No 🗖
Has a claim been made verbally Yes ☐ No ☐In writing? Yes ☐ No ☐f verball	y, please give details:
[If a claim is anticipated (or has been made) attach full details of the claim wh Conference OS & H Co-ordinator at PO Box 134 Gosn	
Corrective Action 1 - What corrective action is recommended to prevent re-occ	urrence and by whom?
Corrective Action 2 – WHO is the Manager OR Supervisor required to ensure of	corrective action is taken?
Details of Manager OR Supervisor completing this report:	
Full Name: [Please Print]	Date:/20
Address:	P/code:
Department OR Organisation:	Phone:
Signature:	

Complete this form within 24 hours of incident - THEN:

- © Meep a copy yourself. Don't admit liability. IF INCIDENT SERIOUS CALL 9398 7222 OR FAX 9398 5164
- © DON'T give a copy to the person involved in the incident.
- Send a copy to the WA Conference OS&H Coordinator at PO Box 134 Gosnells WA 6990, and, if required THE CONFERENCE WILL, forward a copy to Risk Management Services, Locked Bag 2014, Wahroonga NSW 2076

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2024 CLUB PACK Safety Management Plan

Below are steps to help you complete the 'Safety Management Plan/Risk Assessment' Form which is required along with the 'Notification Form'.

Why?

- The church administration now expects this form to be completed
- It helps you to identify the possible dangers for the activity
- It means that you can work out a way of making the danger safer
- Means that we are good stewards who care for the Pathfinders and the Pathfinder organisation.

How?

- Work with a group to complete the form
- On the blank safety management plan template, fill in the details regarding the context of the activity
- Consider the major dangers that may be present at the activity location
- List all identified risks
- Work out a control strategy (like wearing a life jacket if canoeing) to reduce risk
- Include whatever special guidelines are relevant to your activity.
- Pray about it
- Identify who or which group of people are responsible for putting the risk controls in place. Share it with your team.
 Choose people/teams that are responsible for keeping the activity safe.

2024 CLUB PACK Safety Management Plan

- Outline your emergency procedure and emergency evacuation for your activity. This is extremely important!
- Make a decision as to whether this activity's risk is manageable. 11. Send a form with your Notification Form. Share it with your staff.
- Learn from experience, add other risks or delete some for next time.
- Always remember that in the outdoors, the risk can come from anywhere. <u>Be prepared!</u>

The Pathfinder Leadership Award provides further training regarding safety management.

2024 PATHFINDER MEMORY GEMS

JANUARY - JUNE

New International Version

Isaiah 40:28. "Do you not know? Have you not heard? THE LORD IS THE EVERLASTING GOD, THE CREATOR OF THE ENDS OF THE EARTH. HE WILL NOT GROW TIRED OR WEARY, and his understanding no-one can fathom."

Exodus 34:6. "And he passed in front of Moses, proclaiming, THE LORD, THE LORD GOD, THE COMPASSIONATE AND GRACIOUS GOD, SLOW TO ANGER, ABOUNDING IN LOVE AND FAITHFULNESS."

Jeremiah 31:3. "THE LORD APPEARED TO US IN THE PAST, SAYING: 'I HAVE LOVED YOU WITH AN EVERLASTING LOVE; I have drawn you with loving-kindness.""

John 1:1, 2. "IN THE BEGINNING WAS THE WORD, AND THE WORD WAS WITH GOD, AND THE WORD WAS GOD. He was with God in the beginning."

1 John 3:8. "He who does what is sinful is of the devil, because the devil has been sinning from the beginning. THE REASON THE SON OF GOD APPEARED WAS TO DESTROY THE DEVIL'S WORK."

John 14:1–3. "Do not let your hearts be troubled. Trust in God; trust also in me. In my father's house are many rooms; if it were not so, I would have told you. I am going there to prepare a place for you. AND IF I GO AND PREPARE A PLACE FOR YOU, I WILL COME BACK AND TAKE YOU TO BE WITH ME that you also may be where I am."

EXAMINATION

2024 PATHFINDER MEMORY GEMS

JULY - DECEMBER

New International Version

HEBREWS 9:14. "HOW MUCH MORE, THEN, WILL THE BLOOD OF CHRIST, WHO THROUGH THE ETERNAL SPIRIT OFFERED HIMSELF UNBLEMISHED TO GOD, cleanse our consciences from acts that lead to death, so that we may serve the living God!"

1 Corinthians 3:16, 17. "DON'T YOU KNOW THAT YOU YOURSELVES ARE GOD'S TEMPLE AND THAT GOD'S SPIRIT LIVES IN YOU? If anyone destroys God's temple, God will destroy him; for God's temple is sacred, and you are that temple."

Romans 15:13. "MAY THE GOD OF HOPE FILL YOU WITH ALL JOY AND PEACE AS YOU TRUST IN HIM, so that you may overflow with hope BY THE POWER OF THE HOLY SPIRIT.

Romans 6:23. "FOR THE WAGES OF SIN IS DEATH, BUT THE GIFT OF GOD IS ETERNAL LIFE IN CHRIST JESUS OUR LORD."

John 3:16. "FOR GOD SO LOVED THE WORLD THAT HE GAVE HIS ONE AND ONLY SON, THAT WHOEVER BELIEVES IN HIM SHALL NOT PERISH BUT HAVE ETERNAL LIFE."

1 John 3:1. "HOW GREAT IS THE LOVE THE FATHER HAS LAVISHED ON US, THAT WE SHOULD BE CALLED CHILDREN OF GOD! And that is what we are! The reason the world does not know us is it did not know him."

EXAMINATION

PATHFINDER PACK

PATHFINDER	
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✓ CLUB STAFF REGISTRATION Club: Year: 2021

Position	Name	Address	Primary Phone	Email	Working With Children Number
Director					
Dep. Director					
Secretary					
Treasurer					
Chaplain					
Counselor					
Jr Counselor					
Jr Counselor					
Jr Counselor					
Teacher					



PATHFINDER PACK

	Hall Meetings							Campouts			Service Projects			Conference Events							
Names																					
																					<u> </u>
																				 	
																					<u> </u>



BASIC MEDICAL DETAILS

Medical Record: (Allergies/Drugs)	
Plants:	Foods: (eg Peanuts)
Bee Stings:	Other:
Medicare No:	
Physical Abnormality: —————	
Last Tetanus Injection:	
Level of Swimming Ability: O NONE O	BASIC O CONFIDENT O ADV
History: (Please Circle)	
ASTHMA / FREQUENT SORE THROAT / S	INUSITIS / ABSCESSED EAR
BRONCHITIS / FAINTING / STOMACH UF	PSETS / CONSTIPATION
KIDNEY TROUBLE / CONVULSIONS / SLE	EEP WALKING
ATHLETE'S FOOT / HEART TROUBLE / RH	EUMATIC FEVER / DIABETES
OTHER:	
IMPORTANT: Please list any specific en	nergency treatment your child
may require to relieve any of the abo	ve conditions:
As a parent/guardian I have worked v	with Pathfinders in the following activities:
I am willing to assist the Pathfinder Clu	ıb in:
O Being a teacher	O Craft Leader O Make a donation
O Transport	O Repair Equipment
O Other:	

PATHFINDER APPLICATION FORM



Pathfinder Club and hereby certif	y that
<u>To be completed by the Parents:</u> We have read the requirements for membership in the	Parent/Guardian Date
Do you have a full Uniform?	 Signed:
	Darkinin and Dark
What class do you wish to join?	Sign a de
☐ Guide	understanding.
□ Voyager	I agree to me / my child attending Pathfinder Activities on this
□ Ranger	used please inform us by letter/email.
☐ Explorer	reporting purposes. If you do not want your child/self picture(s
☐ Companion	We plan to use photos of Pathfinders for promoting and
☐ Friends	requirements of the activity.
Please tick the classes you have completed	arrangement may be necessary due to illness, injury, or if, in the opinion of the Club Director, non-cooperation of an description or the inability to meet the rigours and
If yes, where?	home, by the director or leaders. I understand that such a
Have you been an Pathfinder before? ☐ Yes ☐ No	I agree to meet the expense of me / my child being returned
I would like to join the Pathfinde	
Please Complete the following questions	also authorise to engage such treatment. I agree to pay the appropriate fees for such and any ambulance or other
(Minimum age at beginning of the year is 9 years & 9 m	nonths) deemed necessary by a licensed physician and/or surgeon.
ChurchAgeD.O.B	with me, for me / my child to receive any x-ray examination anaesthetic, medical, surgical or hospital treatment as may be
School: Grade:	Director to consent, where it is impractical or communicate
Email:	—— In the event of accident or illness, I also authorise the Clul
	AS parents/guardians, we understand that the Pathfinder Club Program is an active one for the applicant. It includes many opportunities for service, adventure and fun.
Address:	
PhoneParent Mobile:	ten years or over. We are willing and desirous that he/she becomes a Pathfinder.
Name of Pathfinder:	

2024 CLUB PACK Health Record

Name:							
Age: DOB:	Male / Female						
Height: Weight:	Blood Gr	oup (If known):					
Medicare No							
Health Insurance:							
Emergency Contact:		Phone:					
Doctor's Name:		Phone:					
If you answer "yes" to i	items 1-18	, please supply full details o	on the				
1. Heart Problems:	Y / N	11. Diabetic:	Y / N				
2. Respiratory Problems:	Y / N	12. Activity Restrictions:	Y / N				
3. Travel Sickness:	Y / N	13. Bed-wetting:	Y / N				
4. Phobias:	Y / N	14. Special Diet:	Y / N				
5. Operations:	Y / N	15. Disability:	Y / N				
6. Recent Illnesses:	Y / N	16. Medication Required:	Y / N				
7. Migraines:	Y / N	17. Other Allergies:	Y / N				
8. Blackouts:	Y / N	18. Medication Allergies:	Y / N				
9. Epilepsy:	Y / N	19: ADHD	Y / N				
10. Asthmatic:	Y / N	20. Mental Health Condition	Y/N				
Date of Last Tetanus Bo	oster:						
Swimming Ability:							

2024 CLUB PACK Health Record

Authorisation and Agreement

In the event of an emergency where the nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leader of any changes to these details.

I agree to meet the expense of me / my child being returned home, by the director or leaders. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Pathfinder Director, non-cooperation of any description or the inability to meet the rigours and requirements of the activity.

- under 18 yrs)	- under 18 yrs)	- under 18 yrs)

2024 CLUB PACK General Consent & Release Form

Signature of Parent/Guardian:Date:	
Parent/Guardian approval must be given for participants aged under 18 years Name of Parent/Guardian:	
Signature of participant:Date:	
Name of participant:	
I am aware, in signing this document, of the risks of the above named activity and am willing to accept this risk and agree to release, to the full extent permitted by law, AUSTRALASIAN CONFERENCE ASSOCIATION LIMITED (ACN 000 003 930) and/or SEVENTH-DAY ADVENTIST CHURCH (WESTERN AUSTRALIAN CONFERENCE) LIMITED and its employees and agents from responsibility for any injuries which I may suffer as a result of participation in this activity.	
I agree that if I suffer injury or illness, the organisers can arrange medical treatment and emergency evacuation services, as they deem necessary for my safety or wellbeing.	
I have been informed of the nature of the activity and understand that there may be an element of risk involved. I agree to be responsible for taking the time to learn safety techniques and the proper use and limitations of the equipment I will be using. I acknowledge I may refuse to participate in any part of the activity I feel apprehensive about, if this does not endanger myself or the other participants and leaders.	
accurately complete the Health Record attached.	
(date) and will endeavour to ensure I have all the items listed. I also understand that it is a condition of participation to	
list for my safe participation in (activity), held on	

AdSafe Code of Conduct

Your Details	
Full Name:	Phone:
Active Email Address:	
Please select all hoves that apply (a)	selected box' indicates an understanding of, and agreement with the statement).
I select all boxes that apply in a	n honest and truthful manner
offense against a minor, they shall N that this rule does not prevent me fr	nout Australia and New Zealand that if a person has a conviction for a sexual, pornographic, or violent OT be permitted to work in a child/youth-related role in the Church. I am aware of this rule and state om working with children and young people in the Church and its environments.
I will not engage in illicit or illegand its environments	gal activity with a child or young person through my involvement as a volunteer or staff in the Church
I am aware of and will abide by applicable Policy of a Church-entity)	the local Church's Child-Safe Policy when serving in the Church and its environments (or similar
	oordinator, local Church AdSAFE Coordinator, the pastor, or someone else in authority, if I have ner volunteer or staff (including a Church Worker / employee) towards a child or young person in the
Acknowledgement	
environments across Australia and N	duct for volunteers and staff who work with children and young people in the Church and its lew Zealand as follows, and agree to abide by this code and uphold it to the best of my ability
Conduct that is encouraged for volu	nteers and staff in the Code of Conduct. DO
Reflect the ethos of the Sevent	h-day Adventist Church and its organizations and entities in Australia and New Zealand.
	l to children and young people.
Greet with a handshake, or ask	before giving a hug, in situations where it is appropriate to do so.
Treat all children with respect	without showing favouritism.
Use positive and affirming lang	uage toward children and young people.
	ung people are engaging in inappropriate bullying behaviour towards others or acting in a humiliating
Help provide an open, family-fin an age appropriate way.	riendly environment for children to worship, interact, and socialize within where children have a voice
Alert someone if you observe a	in apparent breach of this code.
Report suspicions of child abus church AdSAFE Coordinator.	e or neglect to a trusted leader or someone in authority, such as the leader, church pastor, or local
•	nd disclosures of child abuse or neglect by contacting relevant State, Territory, and/or Country Child- nd report apparent alleged criminal conduct to Police.
-	unteers and staff in the Code of Conduct towards a child or young person:
	h physical play with a child or young person (not your own).
to mitigate injury.	punishment to discipline or control a child, other than reasonable restraint such as by holding a child
inappropriate by reason of the natural distress).	nild (not your own) in an age/culturally inappropriate manner OR in a manner considered re of the program/activity/occasion/event, except for appropriate touch (for example to comfort
Assist children (not your own)	to do things of a personal nature that they can do for themselves.

Sign:	Date:
Print Nar	me:
Code will b	erstand that the Code of Conduct is a dynamic document that will be revised from time-to-time. Any significant changes to the provided to me and I will be given the option to recommit. If I do not agree with the Code in force at any time, since abiding on-negotiable requirement of the church, I shall show my disagreement by not accepting (or remaining in) a leadership or child e.
	abide by all lawful directions that may be issued by a relevant Church body or Church authority in Australia or New Zealand my duties or appointment as a volunteer or staff in a child/youth-related position
Serio suspended	us misconduct against Church and legal standards, or the Code of Conduct, may also lead to a volunteer or staff member being I or terminated from holding any role in relation to working with children or young people in the Church and its environments
	above may apply to me if I am reasonable believed to have committed an apparent minor, persistent or serious breach of the
Persi	stent or serious breaches of the Code of Conduct may result in the privilege of working with children and young people being i, and may result in a person's suspension or termination of holding a role in relation to children or young people
Persi	stent or serious apparent breaches of the Code of Conduct will be reported to a person or Church authority for the response of a or Church-entity
Appa given verba	rent breaches of the Code of Conduct may lead to informal or formal cautions and warnings, which may be issues in writing or ally
Mino may exist	or breaches of the Code of Conduct may be done innocently or in ignorance, or exceptional circumstances or special activities
	nor apparent breach of the Code of Conduct may be brought to a person's attention for their awareness and learning
	everyone's business to monitor for compliance with the above Code of Conduct
	es of the Code of Conduct and Lawful Directions
nor post or	sh unauthorized photos, movies or recordings of a child or young person, including online, without parental/guardian consent, nline unauthorized private information about a child or young person that may identify them such as their: full name; age; e-mail elephone number; residence; school; or details of a club or group they may attend.
	unauthorized photos, movies or recordings of a child on church property, or at church activities, without church authorization rental/guardian consent.
	a child or young person (not your own) to your home/residence, or encourage private meetings outside of church-sponsored unless authorized to do so and suitable guidelines are in place.
Use p	profane language near or around children.
	sent/returned during pre-approved times. e or send sexually suggestive or explicit material to a child in any form such as e-mail, text, movie, sound, or picture file.
for commu	vate online and social media 'friendships' with children and young people (not your own) without parental/guardian permission unication and parents/guardians/leaders being included on messaging lists. Any private messaging to a child or young person
	personal gifts or favours that target a particular child (not your own).
	e offensive or inappropriate comments to a child/ren regarding their appearance, abilities, or sexuality.
venues.	e sexually suggestive comments to a child or young person.
	d time alone or remain in a confined or secluded space with a child or young person (not your own) on Church property or other

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First Half of the Old Testament Patriarchs and Prophets

SERIES FOUR

Christ Our Hope

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Christ Our Redemption

Prophets and Kings



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The four Gospels Desire of Ages

SERIES TWO

Christ The Church

Acts to Revelation Acts of the Apostles The Great Controversy

First Half of the Old Testament Patriarchs and Prophets

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Christ Our Hope

Last Half of the Old Testament Prophets and Kings



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2024 CLUB PACK Pledge & Law

PLEDGE

Loving the Lord my God I will
Daily seek His presence
Show friendship to others
Keep the Pathfinder Law
And honour my country

LAW

The Pathfinder Law is for me to:

Look for good in others

Aim to do my best

Love and respect my family

Be thankful for what I have

Preserve God's creation

Take care of my health

Be involved in my Church

And go where He sends









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