



# Knoxville 1<sup>st</sup> Pathfinders

## Contact Information Form

Your Pathfinders Name(s): List all of your children's name if more than one is participating in the club.

\_\_\_\_\_

**Pathfinder's phone or email:** If your Pathfinder would like to receive information about Pathfinders via emails or texts, please write in their name/s and information below.

Name: Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Signature giving consent for your child to receive texts/emails \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

I would like to receive text messages about Pathfinders YES NO

Mother's email address \_\_\_\_\_ Use to receive Pathfinder Info YES NO

Home Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

I would like to receive text messages about Pathfinders YES NO

Father's email address \_\_\_\_\_ Use for Pathfinder Info YES NO

Home Address \_\_\_\_\_

**Other People** to receive Pathfinder information and updates

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I would like to receive text messages YES NO

Email address \_\_\_\_\_ Use to receive Pathfinder Info YES NO

Home Address \_\_\_\_\_

### Pathfinder Pickup Authorization

I, \_\_\_\_\_, only authorize the following people to be able to pick up my child(ren) from Pathfinder meetings, programs and events: **PLEASE LIST THEIR NAME & PHONE NUMBER.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that no other person will be allowed to pick up my child(ren) without personally notifying the Knoxville 1<sup>st</sup> Pathfinder Director in writing.