

Royal Rangers Kansas District Pow Wow 2011

Registration, Permission & Medical Forms (Minor)

Sept 16-18, Wheat State Camp, Augusta, KS

REGISTRATION FEE: \$50.00 (Chartered outpost by August 1st. – after that \$55) \$60 (Un-Chartered Outpost by August 1st. –after that \$65)

_____/_____/_____
LAST NAME MIDDLE INITIAL FIRST NAME DATE OF BIRTH

MAILING ADDRESS (_____) HOME PHONE NUMBER

CITY STATE ZIP E-MAIL

AGE GROUP (CHECK ONE) K-2ND _____ 3RD-5TH _____ 6TH-8TH _____ 9TH-12TH _____

CHURCH OUTPOST# OUTPOST CORDINATOR

Required Release Signatures

PARENTAL CONSENT:

I grant permission for the mentioned child to attend the 2011 Kansas District Pow Wow Sept. 16-18. He may participate in the activities and the following activities that I have checked.

Obstacle Course _____ Paint Ball _____ Rock Wall Climbing _____ Knife Throw _____ Hawk Throw _____ Knife & Hawk Trading (*with leader supervision*) _____

I grant my permission for medical treatment to be administered to the minor in the event of a medical emergency. I will not hold Kansas District Royal Rangers responsible for accidents or injury to the minor.

_____/_____/_____
SIGNATURE OF PARENT OR GUARDIAN DATE

MINOR AGREEMENT:

I promise to conduct myself in a manner fitting with the Ranger Code. I will respect all authority, and abide by the rules of Pow Wow. I understand that if I do not, it may result in my parents being called and me being asked to leave the Pow Wow.

_____/_____/_____
SIGNATURE OF MINOR DATE

PASTOR CERTIFICATION:

I am personally acquainted with the applicant, and know of no facts or allegations that raise any question concerning his suitability to attend Pow Wow.

_____/_____/_____
SIGNATURE OF PASTOR DATE

MINOR MEDICAL INFORMATION: *(please print)*

Name _____

In case of emergency please notify:

LAST NAME FIRST NAME RELATIONSHIP

(_____) _____ (_____) _____ (_____) _____
HOME PHONE NUMBER WORK PHONE NUMBER CELL PHONE NUMBER

DRUG ALLERGIES: _____

PLANT, INSECT OR ANIMAL ALLERGIES: _____

FOOD ALLERGIES: _____

SPECIAL DIET: _____

ANY MEDICAL CONDITIONS THAT WE SHOULD KNOW ABOUT: _____

CURRENT MEDICATIONS: _____

DOCTOR NAME & PHONE NUMBER (_____) _____

INSURANCE COMPANY & PHONE NUMBER (_____) _____

POLICY ID# AND GROUP NUMBER

SUBSCRIBER'S NAME AND RELATIONSHIP

PLEASE KEEP A COPY OF MEDICAL INFORMATION OF ALL MINORS WHILE TRAVELING TO AND FROM AND DURING POW WOW.

TO Pre-Register *(by August 1st, 2011 deadline)*

SEND: Completed Registration, Permission and Medical Information Forms and Registration fee
(Payable to "KDC")

TO: Kansas District Royal Rangers Executive Assistant
Kay Fichtner, 311 S. Elm St. Commerce, OK 74339