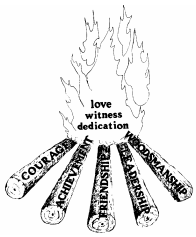
Frontiersman Camping Fellowship

Knife and Black Powder
Permission - Medical Information Form



I am the parent or guardian of _____who is a member of the Royal Rangers Program. I give him permission to sell, trade, give receive, or barter and have in his possession during any FCF event, any knife or black powder firearm as is appropriate for this type of historical reenactment activity.

Please consider this document as written consent for my son _____
to participate in any of the Frontiersman Camping Fellowship activities which include black powder loading and shooting, knife and hawk throwing, flint and steel - fire starting, frontiersmen crafts and workshop classes, and any other activities conducted.
I will hold harmless any and all leaders or officers of any unforeseen accidents, even though great care for safety is always taken.

_____ _____
Signature of parent or guardian date

If you do not want your son, _____ participating in any of the above activities please list: _____.

_____ _____
Signature of parent or guardian date

If you are under the age of 18, you must have this form signed by your parent or guardian in order to participate in the above mentioned activities at the Trace, and or Rendezvous.

Parent please complete:

Name of minor _____
Name of Parent completing form: _____
Address: _____
City: _____
State _____ Zip _____
Home phone and work phone h(____)_____ w(____)_____
Age _____ Birth date of minor _____

Any Information we should know about:_____
_____
_____