



# 2017 NATIONAL RANGERS MINISTRY CAMP APPLICATION

FOR OFFICE USE	
Postmarked/Faxed:	
PAID:	FOP:
BAL. DUE:	

**PLEASE PRINT**

NAME \_\_\_\_\_ PREFERRED PHONE (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH   /   /

T-SHIRT SIZE (CIRCLE ONE):    M    L    XL    2XL    3XL    4XL    5XL    6XL

DISTRICT \_\_\_\_\_ OUTPOST # \_\_\_\_\_ CHARTERED? (PLEASE CHECK ONE) YES  NO

CHURCH NAME \_\_\_\_\_ CHURCH OFFICE PHONE (\_\_\_\_) \_\_\_\_\_

**REQUIREMENTS**

Please fill in all blanks. We must have your complete date of birth in order to register you for this training event. You must also be male and 18 years or older in order to be registered for this training event. The PARTICIPANT AGREEMENT and MEDICAL RECORD must accompany this application.

EVENT LOCATION	EVENT DATES
Whiteford, MD	September 8-10

**REGISTRATION FEES**

<b>REGULAR REGISTRATION RATE</b> APPLIES TO APPLICATIONS RECEIVED AFTER: <b>AUGUST 4, 2017</b>	<b>NON-CHARTERED OUTPOST</b> \$270.00 PER PERSON	<b>CHARTERED OUTPOST</b> \$230.00 PER PERSON
<b>EARLY REGISTRATION DISCOUNT RATE</b> APPLIES TO APPLICATIONS RECEIVED BEFORE: <b>AUGUST 4, 2017</b>	<u>-LESS \$40.00 EARLY DISCOUNT</u> \$230.00 PER PERSON	<u>-LESS \$40.00 EARLY DISCOUNT</u> \$190.00 PER PERSON

(FOR CREDIT/DEBIT CARD PAYMENT ONLY)	
CARD NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXP. DATE: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
_____	<div style="border: 1px solid black; padding: 10px; display: inline-block;">           \$ _____  <b>AMOUNT</b>            (\$75.00 MINIMUM)         </div> <div style="text-align: right; margin-top: 10px;">       </div>
CARDHOLDER'S NAME AS IT APPEARS ON CARD (PLEASE PRINT)	
SIGNATURE OF CARDHOLDER	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)	
BILLING TELEPHONE NUMBER (IF DIFFERENT THAN ABOVE)	

FOR UP-TO-DATE CAMP STATUS INFORMATION, PLEASE VISIT THE ROYAL RANGERS WEBSITE AT [WWW.ROYALRANGERS.COM/TRAINING/SCHEDULE](http://WWW.ROYALRANGERS.COM/TRAINING/SCHEDULE)

Mail form to: Royal Rangers, 1445 N. Boonville Avenue, Springfield, MO 65802-1894  
 Fax form to: 417.831.8230    Please make checks payable to **ROYAL RANGERS.**

# PARTICIPANT AGREEMENT AND MEDICAL RECORD

## National Training Events: NRMC and NEEC

This "Participant Agreement and Medical Record" form must be submitted with the **NEEC** or **NRMC** application. Your registration will not be complete until this fully completed form has been received.

**PARTICIPANT'S NAME:** \_\_\_\_\_ Age: \_\_\_\_ Denomination: \_\_\_\_\_ Ranger District: \_\_\_\_\_ Outpost: \_\_\_\_\_

**MEDICAL INSURANCE:** Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

**HEALTH HISTORY:** Do you currently have, or have you ever been treated for any of the following?

Y	N	Condition
		<i>Abdominal/digestive problems</i>
		<i>Asthma/breathing problems</i>
		<i>Behavioral/neurological disorders</i>
		<i>Bleeding disorders</i>
		<i>Ear/sinus problems</i>
		<i>Excessive fatigue</i>

Y	N	Condition
		<i>Fainting spells</i>
		<i>Kidney disease</i>
		<i>Thyroid disease</i>
		<i>Heart disease, heart attack, heart murmur</i>
		<i>Hypertension( high blood pressure)</i>
		<i>Stroke</i>

Y	N	Condition
		<i>Lung/respiratory disease</i>
		<i>Muscular/skeletal condition</i>
		<i>Sleep disorders</i>
		<i>Sickle cell disease</i>
		<i>Seizures</i>
		<i>Food allergies</i>

If yes to any, please explain:

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**IMMUNIZATIONS:** The following immunizations are recommended. Please indicate below if you have received the immunization, and the date received. The CDC (Center for Disease Control) also recommends that you be current on the following immunizations: Influenza (flu), Pneumonia, Meningococcal, Hepatitis A, Hepatitis B and Polio.

Immunized?		Immunization	Date Received	Had disease?		Date(s) you had the disease
Y	N			Y	N	
		<i>Td/TDAP – Tetanus, diphtheria, pertussis</i>				
		<i>MMR – Measles, Mumps, Rubella</i>				

**MEDICATIONS:** Please indicate below all medications currently being used, including items for occasional or emergency use. Attach additional forms if additional space is needed.

Medication	Strength	Frequency	Approx. Date Started	Needed For

**Please provide additional information concerning current health or medical conditions not referenced elsewhere:**

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### GENERAL CONSENT

I understand that participation in National Rangers Ministry Camp or National Elementary Education Conference involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved.

I release the General Council of the Assemblies of God, national Royal Rangers office, all employees, the activity coordinators, volunteers, and related parties, or other organizations associated with the activity from any and all claims of liability arising out of this participation. I further acknowledge my understanding that media footage, including audio, video and photos may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of myself in any form and relinquish all rights of ownership or compensation. It is further understood that acceptance of these terms is a condition of my participation in this event.

### PARTICIPANT SIGNATURE

My signature acknowledges that I have truthfully abided by the requirements as stated on this application. My signature verifies I am age 18 or older by the starting date of this event. My signature also indicates my permission for emergency medical treatment should the need arise while at this event or while traveling to or from the event site.

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date