



# 2022 NATIONAL ELEMENTARY EDUCATION CONFERENCE APPLICATION

<b>FOR OFFICE USE</b>	
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): S 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 18 years or older as of the event start date to be able to register. The PARTICIPANT AGREEMENT and MEDICAL RECORD must accompany this application.

<b>EVENT LOCATION</b>	<b>EVENT DATES</b>
Juncos, PR	November 11-12

### REGISTRATION FEES

RATES	CHARTERED OUTPOST	NON-CHARTERED OUTPOST
<b>Early Registration Discount Rate</b> Applies to applications postmarked On or Before the Minimum Registrations Deadline: October 7, 2022	\$150.00 per person PLUS LODGING COST – SEE INFO SHEET	\$190.00 per person PLUS LODGING COST – SEE INFO SHEET
<b>Regular Registration Rate</b> Applies to applications postmarked After: October 7, 2022	\$190.00 per person PLUS LODGING COST – SEE INFO SHEET	\$230.00 per person PLUS LODGING COST – SEE INFO SHEET

A minimum number of registrations must be received before the Minimum Registrations Deadline for the NEEC to be confirmed as a GO. We encourage you to register before the deadline to help ensure that the minimum is met.

*For PCI compliance and your protection, we cannot take credit card information on paper applications. If you want to pay by credit card, please complete your registration online by clicking on the “Register” link under the event listing. Please email [registration@aq.org](mailto:registration@aq.org) if you have any questions or concerns when completing an online registration.*



**If Online Registration for this event has closed, please email this application (as a PDF attachment) to [rrtraining@aq.org](mailto:rrtraining@aq.org) or fax to 417-831-8230. A Square invoice will then be emailed to you to provide your credit card information. Please DO NOT write a card number on this form!**

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

If paying by check, please make payable to “Royal Rangers” and mail it with your application to:  
Royal Rangers, 1445 N. Boonville Ave, Springfield, MO 65802-1894



Mamey 2 Km 2.1  
Bo Ramal 933, 00778, Puerto Rico  
+1.787.205.3801

Accommodations for Friday evening, November 11 are available at Casa De Retiro Encuentro Con Dios. The property is approximately 10 minutes from Iglesia Cristiana Emanuel. Lodging or camping will not be available at the church.

After registering for the NEEC, please contact Gerardo Figueroa, PR Royal Rangers District Training Coordinator, at [gerardo.i.figueroa01@gmail.com](mailto:gerardo.i.figueroa01@gmail.com) if you wish to reserve lodging for Friday evening.

Breakfast is not included in the lodging rate, but will be served at the church Saturday morning at 7:00 AM as part of the NEEC. Lunch and dinner will be provided at the church on Friday and breakfast and lunch on Saturday.

Trainees are welcome to book a different property in the area if preferred; those who live in the Juncos/Gurabo area may return home Friday evening.

Please be aware that all trainees must be back at the church by 7:00 AM Saturday morning for breakfast, a morning devotion, and patrol activities. All NEEC sessions must be attended in order to receive credit for this event; this includes the Saturday morning breakfast.

El alojamiento para el viernes 11 de noviembre por la noche está disponible en Casa De Retiro Encuentro Con Dios. La propiedad está a aproximadamente 10 minutos de Iglesia Cristiana Emanuel. El alojamiento o el camping no estarán disponibles en la iglesia.

Después de inscribirse en el NEEC, por favor contacte a Gerardo Figueroa, Coordinador de Capacitación del Distrito de PR Royal Rangers, a [gerardo.i.figueroa01@gmail.com](mailto:gerardo.i.figueroa01@gmail.com) si desea reservar alojamiento para el viernes por la noche.

El desayuno no está incluido en el precio del alojamiento, pero se servirá en la iglesia el sábado por la mañana a las 7:00 a.m. como parte del NEEC. El almuerzo y la cena se proporcionarán en la iglesia el viernes y el desayuno y el almuerzo el sábado.

Los alumnos pueden reservar una propiedad diferente en la zona si lo prefieren; aquellos que viven en el área de Juncos/Gurabo pueden regresar a casa el viernes por la noche.

Por favor, tenga en cuenta que todos los aprendices deben estar de vuelta a la iglesia a las 7:00 a.m. del sábado por la mañana para el desayuno, una devoción por la mañana y actividades de patrulla. Todas las sesiones de NEEC deben ser asistidas para recibir crédito para este evento; esto incluye el desayuno del sábado por la mañana.

# 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 understand that due to the camping environment of the National Rangers Ministry Camp, that this training event may require extensive walking over uneven terrain. That I am able to walk unassisted and do not require the assistance of mobility devices such as: scooters; walkers; wheelchairs; or the like. Additionally, I recognize that electric will not be available at the campsite and have planned accordingly, if so needed.

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