



NATIONAL RANGERS MINISTRY CAMP REGISTRATION INFORMATION

To ensure successful registration for this training event, please keep the following items in mind:

- Payment in full or a minimum \$100.00 deposit **must be paid when registering** to secure your place at the event **and to qualify for the early registration discount**.
- The registration fees quoted are **per person** fees.
- Online registration accepts Visa, MasterCard, American Express or Discover credit/debit cards. The cardholder's name as it appears on the card, billing address, and phone number must be provided along with the card number, expiration date, and security code. You will be given the option of either paying a \$100.00 deposit or paying for your registration in full. **Online registration is available up until 11:59 PM Central Time on the Tuesday prior to the start date of the event. If your outpost is chartered, your church account number is required at the time of registration in order to receive the charter price.**
- If paying by check, an event application should be mailed to the RR training office. Checks or money orders should be made payable to **ROYAL RANGERS**. Please do not send cash! All information requested on the application, such as your contact information and complete date of birth, must be provided to avoid a delay in processing your registration. Late registrations (inside of 8 days prior to the event start date) should not be sent by mail!
- If online registration for the event has closed, you may fax or email an application to the RR training office. The fax number and email address are listed on the application. **Because of PCI/DSS security regulations, credit/debit card information should not be written on the application or included in the content of the email!** After submitting the application, you will be emailed a Square invoice to complete your payment.
- Payment confirmation and additional event information will be sent to the email address provided at the time of registration.
- Any balance due will be collected on-site during the event registration.
- A **Participant Agreement and Medical Record** must be completed prior to arrival to the camp. All information requested on the **Participant Agreement and Medical Record** must be completed and the form must be signed and dated by the registrant. If you registered online, please email the form to the training office no later than 8 days prior to the event start date.
- Onsite check-in** is from 8:30 am to 9:30 am on Friday. The event ends at approximately 12 noon on Sunday. All sessions must be attended in order to receive credit for this training. Those arriving after the camp begins or leaving before the camp ends may not receive credit for the event and may not receive a refund.
- If you need to cancel your registration, you must submit a written request to rrtraining@ag.org eight (8) days prior to the event start date. Your registration fee will be refunded, less a \$25.00 processing fee. Cancellation requests submitted inside of eight (8) days before the start date of the event will be handled on a case-by-case basis, but may result in forfeiture of the \$100.00 deposit (additional funds paid beyond \$100.00 will be refunded). Refunds are not provided for **no-shows, late arrivals, or early departures** from the event. If you do not arrive to the camp and do not contact the training office prior to the check-in time to advise, you will be considered a no-show.

NRMC PERSONAL EQUIPMENT CHECKLIST

Required Items

MINIMUM OF ONE UNIFORM OPTION

Utility (RR utility shirt with either tact pants with black belt OR blue jeans with brown or black belt)

Special (RR t-shirt, RR sports jersey/polo, with either blue jeans with brown or black belt OR tact pants with black belt)

See <https://royalrangers.com/uniforms> for more information.

Appropriate footwear (for outdoor activities)
Work boots, hiking boots, athletic shoes (no sandals or flip-flops)
Socks – 6 pairs (3 of navy or black for uniform, 3 pairs of white or other appropriate socks for athletic shoes)
1 extra pair of jeans or other work-type pants
Underclothing and handkerchiefs
3 plain or RR T-Shirts (white or colored)
Jacket (appropriate for area and time of year)
Sleeping bag
Pillow
Toilet kit and mirror (may not have outlet for electric razor)
Towels and washcloth
Canteen or water bottle
Modern (non FCF) personal **tent** (can share with other trainees)
Ground cloth for tent
Flashlight with extra batteries
Personal first aid kit
Pen and pencil
Bible (Complete Old and New Testaments)
Leader's Manual (GPH Item Number 022170 – with RR binder or 022171 – content only)
A Guy's Journey to Manhood by Doug Marsh (available through Amazon Kindle)
Small **lightweight** folding chair (lawn chair)

Optional Items

Pajamas
Insect repellent
Hot or cold cup (coffee, hot chocolate etc.)
Thermal underwear (for colder areas)
Small package of facial tissues
Nail clippers with fingernail file
Chap Stick
Foot powder
Sun screen
Sunglasses
Camera
Pocket knife or Leatherman-type tool
Day pack or fanny pack
Small sewing kit
Air mattress, foam pad, or cot
Poncho or rain suit with hood
Work gloves (leather or heavy cloth – for cooking, projects, etc.)

A special NRMC ball cap will be provided for the camp and other RR hat options will be available for sale on-site.

PLEASE NOTE:

While you may choose WHICH uniform to wear, ALL elements of the chosen uniform must be worn as described in the equipment list.

Registration opens at 8:30am and closes at 9:30am on Friday. You must arrive on time for registration to be allowed entry into the event!

Camp concludes at noon on Sunday.

All sessions and activities must be attended in order to receive credit for this event.

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

