



2024 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 as of the camp start date to be able to register. The PARTICIPANT AGREEMENT and MEDICAL RECORD must accompany this application.

EVENT LOCATION	EVENT DATES
Springville, AL	October 18-20

REGISTRATION FEES

RATES	CHARTERED OUTPOST	NON-CHARTERED OUTPOST
Early Registration Discount Rate Applies to applications postmarked On or Before the Minimum Registrations Deadline: September 15, 2024	\$250.00 per person	\$290.00 per person
Regular Registration Rate Applies to applications postmarked After: September 15, 2024	\$290.00 per person	\$330.00 per person
Minimum Deposit Option Applicable balance (based on the rates listed above) to be paid onsite at check in	\$100.00 per person	\$100.00 per person

A minimum number of registrations must be received before the Minimum Registrations Deadline for the NRMC 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 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 or fax to 417-831-8230. A Square invoice will then be emailed to you to provide payment by credit card. 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

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

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