



2018 NATIONAL ELEMENTARY EDUCATION CONFERENCE 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): 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 in order to be registered for this training event. The PARTICIPANT AGREEMENT and MEDICAL RECORD must accompany this application.

EVENT LOCATION	EVENT DATES
West Lafayette, IN	October 26-27

REGISTRATION FEES

REGULAR REGISTRATION RATE APPLIES TO APPLICATIONS RECEIVED AFTER: SEPTEMBER 21, 2018	NON-CHARTERED OUTPOST \$255.00 PER PERSON PLUS HOTEL COST – SEE INFO SHEET	CHARTERED OUTPOST \$215.00 PER PERSON PLUS HOTEL COST – SEE INFO SHEET
EARLY REGISTRATION DISCOUNT RATE APPLIES TO APPLICATIONS RECEIVED BEFORE: SEPTEMBER 21, 2018	<u>-LESS \$40.00 EARLY DISCOUNT</u> \$215.00 PER PERSON PLUS HOTEL COST – SEE INFO SHEET	<u>-LESS \$40.00 EARLY DISCOUNT</u> \$175.00 PER PERSON PLUS HOTEL COST – SEE INFO SHEET

(FOR CREDIT/DEBIT CARD PAYMENT ONLY)

CARD NUMBER: EXP. DATE: /

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)

\$ _____
AMOUNT
(\$75.00
MINIMUM)



FOR UP-TO-DATE CAMP STATUS INFORMATION, PLEASE VISIT THE ROYAL RANGERS WEBSITE AT 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.



1600 CUMBERLAND AVENUE
WEST LAFAYETTE, IN 47906
(765) 463-5511

Accommodations for Friday evening, October 26 are being provided at the Four Points by Sheraton West Lafayette Hotel. The property is less than one mile east of Connection Point Church. Lodging or camping will not be available at the church.

Reservations are at a group rate of \$89.00 per room per night and may be made by calling the hotel directly at 765-463-5511. Please mention "**Royal Rangers CPC**" to receive this special rate. There are a limited number of rooms with one Queen or King bed; most have two double beds. The maximum occupancy per room is 4 adults.

Breakfast is not included in the hotel 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 hotel in the area if preferred; 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.

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