

# 2011 WNMD Ranger Kids Family Camp Adult/Commander Registration/Release Form

**Instructions:** Please complete a copy of this form for each adult, commander (or any other position/title, whether volunteer or compensated) attending the Family Camp. The pastoral reference and release/consent portions must be signed and dated. Please complete the entire form. The purpose of this document is to help ensure a safe and secure environment for the children and youth who attend and participate at the WNMD Summer Camp.

**Registration Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Daytime/Work Phone \_\_\_\_\_

Outpost # \_\_\_\_\_ Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_

**Medical Information:**

Physician's Name & Phone: \_\_\_\_\_

Health Insurance Co & Policy No: \_\_\_\_\_

Current or Chronic Conditions: \_\_\_\_\_ Tetanus current Y or N

**Known Allergies:**

Medications Currently Taking: \_\_\_\_\_

**In case of Emergency please contact:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ other# \_\_\_\_\_

Street Location Address (not PO Box) \_\_\_\_\_

**A Background Check is Required for all Adult Leaders:**

If a background check is not done through your local church, a background check will be done at camp for a nominal fee.

**Pastoral Reference: Adult (18+)**

I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activity.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The church has on file the applicant's workers screening form and has done a background check on this person    **YES**    **NO**

**Medical Release:**

In the event that I am unable to respond due to an accident, illness or some medical emergency, I desire to be treated or receive any medical attention deemed necessary. I give permission to any hospital, doctor, health care provider and/or any Royal Ranger Leader to transport, admit for care and provide treatment.

**Photo Release:**

I authorize WNMD to use any photos taken of me for promotional purposes of Royal Rangers.

**Applicant's Statement:**

The information contained in this registration is correct to the best of my knowledge. I authorize any references or churches listed in this form to give you any information they may have regarding my character and fitness for ministry to children/youth. And I release all such references from liability for any damages that may result from furnishing such evaluations to you. I agree to be bound by the policies of the WNMD Royal Rangers, to refrain from all unscriptural conduct, and to comply with all those in authority while in the performance of my duties and while in attendance at Camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_