

Birthdate:	School:	Grade:
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Father's Information		Mother's Information	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
e-mail address		e-mail address	

*Please note (mark) your preference (best way) for contacting you and your preferred e-mail.*

Child Lives with	Phone
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Emergency Contact	
Relationship	Phone

**MEDICAL INFORMATION**

*Please list any medical or physical concerns that the Royal Ranger Commander should be aware of:  
(asthma, hayfever, bee sting allergy, attention deficit disorder, hearing or sight impairments, etc)*


**Medical Authorization**

In the event the parent or guardian cannot be reached in an emergency, permission is given to the Christian Life Assembly of God Royal Ranger Leadership to seek emergency medical treatment during the current Royal Ranger program year.

**Website Photo Use Authorization**

I  authorize  do NOT authorize Christian Life Assembly of God Church to display pictures containing my child's image on 'christianlifefamily.com' website \_\_\_\_\_ (initials).

**Skateboard/ Minibike / go-cart Authorization**

I give permission for my son to bring or use his skateboard or to ride the minibike or go-cart in accordance with the rules and guidelines established by the Royal Ranger organization.

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(date)

*Please do not write below; Royal Ranger or church staff only.*

<b>Chartering Fee \$20.00</b> <i>Please ensure Ranger has sufficient Camp Funds available</i>	<input type="checkbox"/> Cash / Check	<input type="checkbox"/> Family (Camp) Fund
	Received by	Date