

2011 RANGER KIDS CAMP

Outpost Pre-registration

(Pre-registration Deadline-July 1, 2011)(postmarked)

Outpost # _____ Area _____ Date ____/____/____

Check One: 1st Submission Addendum to 1st Submission

Chartered? Yes No

Church Name: _____ Church City: _____

Sr. Commander: _____ Email address _____

Sr. Commander Phone: _____

Person in charge at camp: _____ Phone _____

Pre-registration Totals:

	<u>NUMBER</u>		<u># NON CHARTERED</u>	<u>\$ AMOUNT</u>
Ranger Kids	_____	X \$34.00	_____ X\$39.00	_____
Commanders/Parents	_____	X \$34.00	_____ X\$39.00	_____
Guests, Helpers, Service Patrol	_____	X \$22.00	_____ X\$26.00	_____
Not Preregistered (Late Fee)	_____	X \$ 7.00 per person		_____
Toilet Rental (price may change)		\$ 80.00		_____

TOTAL PRE-REGISTERED: _____

(Amount Enclosed) _____

*Make check payable to WNMD Royal Rangers
\$25 fee if we bill after camp*

_____ ***Is the number we can expect at the Provided Camp Lunch on Sat.(LFTL)***

_____ ***Is the number we can expect at the Provided Camp Breakfast on Sunday***

Note if you are ordering T-Shirts please issue a separate check for payment.

Refunds are given minus a \$5 per person clerical charge.

Mail Completed form to: WNMD Royal Rangers, 2224 W. Kilbourn Avenue, Milwaukee, WI 53233

For office use only: Date

Refund due: \$

Owe: \$

Roster

2011 WNMD Ranger Kids Summer Camp

Ranger Registration Form

Instructions: Please complete a copy of this form for each boy attending the Summer Camp. The ranger agreement and parental portions must be signed and dated. The consent portion of the form authorizes emergency medical treatment should this be necessary, and the medical information portion will save valuable time in the event of an emergency. Please complete the entire form.

Registration Information:

Ranger's Name: _____ Age: _____ Birthday ____/____/____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____

Outpost # _____ Church Name: _____ Church City: _____

Currently (circle one): Ranger Kid- (Please indicate grade level in fall _____) Service Patrol Helper Sibling

Medical Information:

Physician's Name & Phone: _____

Health Insurance Co & Policy No: _____

Current or Chronic Conditions: _____

Known Allergies:

Medications Currently Taking: _____

Has child been sick in the last 6 weeks? Yes No Is Tetanus Immunization Current? Yes No

Is there anything that will prevent or restrict child's participation in any camp activity? Yes No. If yes, explain _____

In case of Emergency please contact:

Name _____ Phone # _____ other# _____

Street Location Address (not PO Box) _____

Ranger Agreement:

I have read, understand and agree to obey the camp rules. I understand that I must treat all leadership with respect; that I must be obedient to their direction and teaching, and that I must accept and comply with any discipline that may result from my failure to respect or obey. I also understand that if I fail to comply with the rules or obey camp leadership I may be required to leave camp.

Ranger's Signature _____ Date _____

Medical Release:

In the event of sickness, injury or some medical emergency, I (we) request that my (our) child receive any medical attention or treatment deemed necessary. Therefore, I (we) the parents(s)/guardian(s) give permission to any hospital, doctor, health care provider and/or any Royal Ranger Leader to transport, admit for care and provide treatment for my (our) child.

Disciplinary Agreement:

I (We) understand that while my (our) child is participating in this event and its associated activities he is responsible to abide by the camp rules, its leaders and supervisory personnel. Any serious infraction of the rules, willful disobedience or improper conduct can result in expulsion from camp. I (We) understand that should our child be expelled from camp for any reason or need to be brought home, that it is my (our) responsibility to either assume the costs for or provide for transportation. I (We) also agree to forfeit any possible refund if our child is expelled from camp.

Photo Release:

I authorize WNMD to use any photos taken of my(our) child for promotional purposes of Royal Rangers.

Parental Consent:

I (We) give permission for my (our) child to participate in the WNMD Ranger Kids Family Camp and associated activities.

Parent(s)/Guardian(s) Signature _____ Date _____

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: _____

2011 RANGER KIDS FAMILY CAMP SERVICE PATROL CANDIDATES

Mail with your outpost registration

NAME/ADDRESS/TELEPHONE

1.	_____ _____ _____ _____	DIS. <input type="checkbox"/> ADV. <input type="checkbox"/> EXP. <input type="checkbox"/> Attended JTC? <input type="checkbox"/> Yes <input type="checkbox"/> No	OUTPOST# _____
2.	_____ _____ _____ _____	DIS. <input type="checkbox"/> ADV. <input type="checkbox"/> EXP. <input type="checkbox"/> Attended JTC? <input type="checkbox"/> Yes <input type="checkbox"/> No	OUTPOST# _____
3.	_____ _____ _____ _____	DIS. <input type="checkbox"/> ADV. <input type="checkbox"/> EXP. <input type="checkbox"/> Attended JTC? <input type="checkbox"/> Yes <input type="checkbox"/> No	OUTPOST# _____
4.	_____ _____ _____ _____	DIS. <input type="checkbox"/> ADV. <input type="checkbox"/> EXP. <input type="checkbox"/> Attended JTC? <input type="checkbox"/> Yes <input type="checkbox"/> No	OUTPOST# _____
5.	_____ _____ _____ _____	DIS. <input type="checkbox"/> ADV. <input type="checkbox"/> EXP. <input type="checkbox"/> Attended JTC? <input type="checkbox"/> Yes <input type="checkbox"/> No	OUTPOST# _____

2011 WNMD ROYAL RANGERS SUMMER CAMP SHIRT ORDERING INFORMATION

Shirts will be available in a limited supply at Summer Camp. In order to purchase a shirt they must be pre- ordered and pre- paid.

Shirts must be ordered before July 1, 2011

Shirts can be picked up at registration at Summer Camp.

Make check payable to WNMD Royal Rangers.

Please mail this form and check to: (Please make copy of this form for your own use.)

Gene Morrison
4810 Timberland Tr.
Wisconsin Rapids, WI 54494
 715-423-6910

Outpost Number: _____ Church: _____

Senior Commander: _____ Phone: _____

Men's sizes:

XXXL \$14 X _____ = \$ _____

XXL \$12 X _____ = \$ _____

XL \$10 X _____ = \$ _____

L \$10 X _____ = \$ _____

M \$10 X _____ = \$ _____

S \$10 X _____ = \$ _____

Boys sizes:

L (14-16) \$10 X _____ = \$ _____

M(10-12) \$10 X _____ = \$ _____

S (6-8) \$10 X _____ = \$ _____

TOTAL# _____ Total Enclosed\$ _____

(Make Checks Payable to Royal Rangers)