

# WNMD Royal Rangers 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): Discovery, Adventure, Expedition, Other

## **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 Summer Camp and associated activities.

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_