



Tennessee District Royal Rangers
FAMILY GUESTS REGISTRATION FORM – 2018 POW WOW

All Adult Family Guests must have Pastor Approval Signature.
 All Family Guests must bring a completed Medical Form.

Family Guests of _____ (List name of Ranger camper.)
 Boy must attend entire camp; Family guests are welcome all day Saturday.

Guest Early Registration (received by April 4)	\$ 10 per guest	X	___ # of guests	= \$ _____
Guest Registration (received by May 16)	\$ 15 per guest	X	___ # of guests	= \$ _____
Guest Late Registration (received after May 16)	\$ 20 per guest	X	___ # of guests	= \$ _____
Children aged 4 and under – No Charge				
TOTAL AMOUNT DUE \$ _____				

Last Name:	First :	Middle:	Relationship to above named Ranger:	
Street address:			Home phone no.	
City:	State:	ZIP Code:	Outpost Number:	
Church:	In case of emergency notify:	Emergency Contact Number:		

Pastor Approval for Adult Guest _____ This signature approves the applicant for working with children, and assumes liability for having a current background check on file.	Date: _____
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Last Name:	First :	Middle:	Relationship to above named Ranger:	
Street address:			Home phone no.	
City:	State:	ZIP Code:	Outpost Number:	
Church:	In case of emergency notify:	Emergency Contact Number:		

Pastor Approval for Adult Guest _____ This signature approves the applicant for working with children, and assumes liability for having a current background check on file.	Date: _____
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All visiting siblings of campers must be accompanied by parent/guardian at all times.

Last Name:	First :	Middle:	Age:	Gender:
Last Name:	First :	Middle:	Age:	Gender:
Last Name:	First :	Middle:	Age:	Gender:

I, the undersigned, do hereby agree to abide by the camp rules stated in the handbook. I also grant permission for Royal Rangers and / or Camp Rain to use images of me or my family in print, video, and digital media. I agree that these images may be used by Royal Rangers and / or Camp Rain for a variety of purposes and that these images may be used without further notifying me. I do understand that my last name will not be used in conjunction with any video or digital images. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of me or my family for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as on the Web site.

Adult Signature # 1	Adult Signature # 2	Date
_____	_____	_____

Checks made out to **"Tennessee Ministries Network"**
Send Registration To:
 c/o Steve Iles at 1202 Abernathy Way, Mt. Juliet, TN 37122

Royal Rangers Medical Form

Instructions: Please complete a copy of this form for each individual registering.

Full Name _____ Father/Guardian _____
 Birthday ____/____/____ Grade _____ Cell Phone () ____-____ Work Phone () ____-____
 Address _____ Mother/Guardian _____
 City,St,Zip _____ Cell Phone () ____-____ Work Phone () ____-____
 Phone Numbers() ____-____ () ____-____
 1) Emergency Contact _____ Relation _____ Phone () ____-____
 2) Emergency Contact _____ Relation _____ Phone () ____-____

<p>HEALTH HISTORY Check either Yes or No. If Yes is checked please explain under "Remarks and Medical Facts".</p>		
<p>Sinus Condition <input type="radio"/> YES <input type="radio"/> NO</p> <p>Ear Problem <input type="radio"/> YES <input type="radio"/> NO</p> <p>Lung Problem <input type="radio"/> YES <input type="radio"/> NO</p> <p>Heart Trouble <input type="radio"/> YES <input type="radio"/> NO</p> <p>High Blood Pressure <input type="radio"/> YES <input type="radio"/> NO</p> <p>Allergy-Asthma <input type="radio"/> YES <input type="radio"/> NO</p> <p>Fainting or Dizzy Spells <input type="radio"/> YES <input type="radio"/> NO</p> <p>Diabetes <input type="radio"/> YES <input type="radio"/> NO</p> <p>Appendix Removed <input type="radio"/> YES <input type="radio"/> NO</p> <p>Dental Appliances <input type="radio"/> YES <input type="radio"/> NO</p>	<p>Shortness of Breath <input type="radio"/> YES <input type="radio"/> NO</p> <p>Skin Infection <input type="radio"/> YES <input type="radio"/> NO</p> <p>Hearing Difficulty <input type="radio"/> YES <input type="radio"/> NO</p> <p>Bad Eyesight <input type="radio"/> YES <input type="radio"/> NO</p> <p>Wear Eye Glasses <input type="radio"/> YES <input type="radio"/> NO</p> <p>Wear Contact Lenses <input type="radio"/> YES <input type="radio"/> NO</p> <p>Any Medical Care within Past Year? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Any Surgeries within Past Year? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Special Diet Required? <input type="radio"/> YES <input type="radio"/> NO</p>	<p>Exposed to Infections: Disease past 3 weeks <input type="radio"/> YES <input type="radio"/> NO Hepatitis past 6 months <input type="radio"/> YES <input type="radio"/> NO</p> <p>Any disorder preventing strenuous activity? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Taking prescription medicine? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Any Reaction to drugs or medicine of any type? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Get nervous or upset easily? Homesick? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Sleep Walker? <input type="radio"/> YES <input type="radio"/> NO</p>
<p>Drug Allergies _____</p> <p>Currently taking the following medications _____</p> <p>Plant, Insect or Animal Allergies? _____</p> <p>Remarks and Medical Facts: _____</p> <p>_____</p> <p>_____</p> <p>Food Allergies or Special Diet? _____</p> <p>_____</p> <p>_____</p>	<p>Last Tetanus Shot ____/____/____</p> <p>Swimming Level (Please Circle): Non Swimmer, Beginner, Intermediate, Advanced</p> <p>Doctor and Insurance Info</p> <p>_____ () ____-____ Doctor's Name & Phone</p> <p>_____ () ____-____ Insurance Company & Phone</p> <p>_____ Policy ID# and Group Number</p>	