



Tennessee District 2018 POWWOW REGISTRATION FORM – ADULTS

LEADER INFORMATION

Last Name:		First:	Middle:	<input type="checkbox"/> Willing to volunteer while at camp	
Street address:			Outpost Number	Birth date:	Sex <input type="checkbox"/> M <input type="checkbox"/> F
City:		State:	ZIP Code:	phone no.: ()	
Church:	In case of Emergency Notify:			Emergency Contact Number ()	
E-mail Address					
Pastor Approval _____ This signature approves the applicant for working with children, and assumes liability for having a current background check on file.					Date _____

Please indicate T-Shirt Size

Youth Med
 Youth Large
 Adult Small
 Adult Medium
 Adult Large
 Adult X-Large
 Adult 2X
 Adult 3X

MEDICAL INFORMATION

HEALTH HISTORY Check either Yes or No. If Yes is checked please explain under "Remarks and Medical Facts".

Sinus Condition <input type="radio"/> YES <input type="radio"/> NO	Shortness of Breath <input type="radio"/> YES <input type="radio"/> NO	Exposed to Infections: Disease past 3 weeks <input type="radio"/> YES <input type="radio"/> NO
Ear Problem <input type="radio"/> YES <input type="radio"/> NO	Skin Infection <input type="radio"/> YES <input type="radio"/> NO	Hepatitis past 6 months <input type="radio"/> YES <input type="radio"/> NO
Lung Problem <input type="radio"/> YES <input type="radio"/> NO	Hearing Difficulty <input type="radio"/> YES <input type="radio"/> NO	Any disorder preventing strenuous activity? <input type="radio"/> YES <input type="radio"/> NO
Heart Trouble <input type="radio"/> YES <input type="radio"/> NO	Bad Eyesight <input type="radio"/> YES <input type="radio"/> NO	Taking prescription medicine? <input type="radio"/> YES <input type="radio"/> NO
High Blood Pressure <input type="radio"/> YES <input type="radio"/> NO	Wear Eye Glasses <input type="radio"/> YES <input type="radio"/> NO	Any Reaction to drugs or medicine of any type? <input type="radio"/> YES <input type="radio"/> NO
Allergy-Asthma <input type="radio"/> YES <input type="radio"/> NO	Wear Contact Lenses <input type="radio"/> YES <input type="radio"/> NO	Get nervous or upset easily? Homesick? <input type="radio"/> YES <input type="radio"/> NO
Fainting or Dizzy Spells <input type="radio"/> YES <input type="radio"/> NO	Any Medical Care within Past Year? <input type="radio"/> YES <input type="radio"/> NO	Sleep Walker? <input type="radio"/> YES <input type="radio"/> NO
Diabetes <input type="radio"/> YES <input type="radio"/> NO	Any Surgeries within Past Year? <input type="radio"/> YES <input type="radio"/> NO	
Appendix Removed <input type="radio"/> YES <input type="radio"/> NO	Special Diet Required? <input type="radio"/> YES <input type="radio"/> NO	
Dental Appliances <input type="radio"/> YES <input type="radio"/> NO		

Drug Allergies _____ Last Tetanus Shot ____/____/____
 Currently taking the following medications _____ Swimming Level (Please Circle):
 Plant, Insect or Animal Allergies? _____ Non Swimmer, Beginner, Intermediate, Advanced

Remarks and Medical Facts: _____

Food Allergies or Special Diet? _____

Doctor and Insurance Info
 _____ () _____
 Doctor's Name & Phone
 _____ () _____
 Insurance Company & Phone

 Policy ID# and Group Number

 Subscriber's Name & Relationship

LEADER RELEASE

I, the undersigned, do hereby agree to abide by the camp rules stated. I also grant permission for Royal Rangers and / or Camp Rain to use my image, 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 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.

Signature _____

Date _____