



## Tennessee District 2019 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 _____					
<b>Pastor Approval</b> _____ 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):  
 Non Swimmer, Beginner, Intermediate, Advanced  
 Plant, Insect or Animal Allergies? \_\_\_\_\_  
**Doctor and Insurance Info**  
 Remarks and Medical Facts: \_\_\_\_\_  
 \_\_\_\_\_ Doctor's Name & Phone \_\_\_\_\_  
 \_\_\_\_\_ Insurance Company & Phone \_\_\_\_\_  
 Food Allergies or Special Diet? \_\_\_\_\_  
 \_\_\_\_\_ 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, Friends of 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, Friends of 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 \_\_\_\_\_