



Tennessee District
2018 RAW – POW WOW 21 – 23 JUNE 2018
REGISTRATION FORM - OUTPOST

Balance Due:	Date Received:	Amount Received:
OUTPOST INFORMATION		
Church Name: _____ Chartered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Age Group (Please Circle) Discovery / Adventure / Expedition
Street address: _____		Outpost Number _____ Date: ____/____/____
City: _____	State: _____	ZIP Code: _____ Church Business phone no.: ()
Contact name: _____ E-Mail Address: _____		Ranger Contact phone no.: ()

REGISTRATION COSTS

Note: Registration forms must be **RECEIVED** by the deadline listed or you will be charged the late registration fee. Registrations **RECEIVED** after 16 May will not include a T-shirt with registration, T-shirts will be available for purchase at the camp on a first come – first serve basis. **Note:** "Walk-ons" will not be guaranteed hat or shirt, but will get a patch

Registration: (By 4 April 2018)	<input type="checkbox"/> \$ 85.00 Chartered OP	<input type="checkbox"/> \$ 100.00 Non-Chartered OP
Late Registration (By 16 May 2018)	<input type="checkbox"/> \$ 100.00 Chartered OP	<input type="checkbox"/> \$ 115.00 Non-Chartered OP
Walk up Registration (After 16 May 2018)	<input type="checkbox"/> \$ 125.00 Chartered OP	<input type="checkbox"/> \$ 140.00 Non-Chartered OP

Please indicate T-Shirt Size - (Note: Verify quantity and Sizes for shirts to be indicated below – including extras)

Number of Boys Registering	\$ _____	<input type="checkbox"/> Youth Med	<input type="checkbox"/> Adult Large	
Number of Leaders Registering	\$ _____	<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult X-Large	
Number for Cabins \$15/ea	\$ _____	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult 2X	
Total Registration	\$ _____	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult 3X	

Lodging	Camping <input type="checkbox"/>	Cabin (\$15/ea) <input type="checkbox"/>	Total Shirt Count _____
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Total Costs from Page 2	Merit costs \$ _____
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Deposit sent with registration. Balance will be due on Check in	Total Registration \$ _____
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Payment Plan *	<input type="checkbox"/> Payment in Full Enclosed	Deposit Enclosed (non-refundable) \$50.00 Ea.	(\$ _____)
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Additional Items	<input type="checkbox"/> Extra Shirts (Include in size selection above) ____ X \$10.00 = _____	<input type="checkbox"/> Extra Hats ____ X \$ 15.00	<input type="checkbox"/> Extra Patches ____ X \$ 3.00	\$ _____
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Checks made out to "Tennessee Ministry Network"	Balance Due
Send Registration To: c/o Steve Iles at 1202 Abernathy Way, Mt. Juliet, TN 37122	At Check-in \$ _____

DEPOSIT DISCLAIMER

Note: Registration deposits will only be used for the number pre-registering. If the total number attending is less than the total pre-registered, all pre-registered persons not attending will forfeit their deposits.

I understand and agree (Church Official) _____ Date _____

OPTIONAL ACTIVITIES COSTS - SIGNUP

Paint Ball and Laser Tag cost: Each participant will receive two (2) free games for both, after that they are \$5 per game – Coupons will be provided at check in for these games – we will not be responsible for lost coupons

An arm band can be purchased at the camp for unlimited games for \$20

Merits will be offered during the camp with limited space available. Please sign up by the first deadline as these will go quickly – Supplies fees will be \$10 per merit payable on site only. Note – Dutch Oven Cooking will require the prerequisite of the Cooking Merit

Confirmation for Merits will be sent via email to the Contact Identified below:

Name (Name and age must be filled in)	AGE	Sign Up for <u>ONE</u> Merit per Boy	
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking
		<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Dutch Oven Cooking

Contact for confirmation of Merit Signups: Name: _____

Email Address: _____

Pre Purchase Arm Bands	_____ @ \$20	\$ _____
Pre Purchase Paintball Games	_____ @ \$5	\$ _____
Merits from Above	_____ @ \$10	\$ _____
Total Options Purchased		\$ _____

Total cost to be transferred to page 1 \$ _____



Tennessee District 2018 POWWOW REGISTRATION FORM – BOYS

RANGER INFORMATION

Last Name:	First:	Middle:	Age Group (Please Circle) Discovery / Adventure / Expedition
Street address:		OP Number	Birth date / /
City:	State:	ZIP Code:	Phone no.: ()
Church:	In case of Emergency - Notify:		Emergency Contact Number ()

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

PARENTAL PERMISSION

I, the undersigned, do hereby grant permission for this child to attend Pow Wow and to participate in all activities. I also consent to emergency medical attention to be rendered in the event of accident or injury. I hereby grant permission for Royal Rangers and / or Camp Rain to use the image of my child, 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 the child's 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 my child 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 those on the Web site. Acceptance of these terms is a condition of participation in this event.

Parent / Legal Guardian signature _____

Date _____



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 () ____ - ____

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		
_____			_____ () ____ - ____		
Food Allergies or Special Diet? _____			Insurance Company & Phone		
_____			_____		
_____			Policy ID# and Group Number		
_____			_____		



THIS IS A RELEASE OF LIABILITY -- READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT.

PARTICIPANT'S NAME _____ DATE OF BIRTH _____
(Please Print)

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball under the auspices of Tennessee District Royal Rangers, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility form my participation; and,
3. I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE Tennessee District Royal Rangers, Tennessee District Assemblies of God, the owners and lessors of premises used to conduct the paintball activities, their officers, officials, agents, volunteers, and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
5. I understand and agree that this Release of liability Agreement covers each and every paintball activity and event inwhich I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed _____ Phone# _____
Participant's Signature

Address _____ City/state _____ Zip Code _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the American Paintball League (APL) and all other Releases but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

X _____
Parent/guardian's Signature _____ Emergency Phone #(S) _____ Date Signed _____

Tennessee District Pow-Wow Outpost Competitions Entry Form

To reduce paperwork, this form is the only one that must be completed in order to enter a competition(s). To make sure your item(s) are not overlooked, this form should be turned in when you check-in at camp.

Outpost # _____ Church Name & City: _____

Acting Senior Commander at Pow Wow: _____

Cell phone for contact on site _____

<u>Competition</u>	<u>Are you entering?</u>	
Campsite	Yes	No
Gateway	Yes (Campsite) Yes (Barracks)	No
Standard	Yes	No
Barrel Racer (Theme Design)	Yes	No

All competition entries should be planned and put together by the boys of the outpost. Naturally, the leaders will assist in design and some construction. Commanders, allow your boys to decorate this thing! Their own work is what we are looking for and is what they will be proudest of. Commanders, we are relying upon your integrity to verify that your boys designed and decorated their projects.

By signing my name to this form, I testify to the fact that the boys of my outpost did most of the design and work to bring all their competition entries into existence.

Signature of the acting Senior Commander at Pow Wow