

FCF EVENT REGISTRATION - Old Hickory (NC) Chapter

All information on this form is private & shall remain Confidential

Event: _____ Location & Dates: _____

Full Name _____ OP# _____ Birthdate _____

FCF name (if a member) _____ If you are a **Guest** of a member, check here: _____

Address _____ City/State/Zip _____

Telephone: _____ Email _____

Father/Guardian _____ Telephone: _____

Mother/Guardian _____ Telephone: _____

1) Emergency Contact _____ Relationship to camper: _____

Best phone to contact: _____ Next best phone to contact: _____

2) Emergency Contact _____ Relationship to camper: _____

Best phone to contact: _____ Next best phone to contact: _____

HEALTH HISTORY (Circle any condition that is applicable and explain under Medical Facts) -Sinus condition -Diabetes

-Appendix removed -Shortness of Breath -Ear problem -Skin infection -Lung problem -Heart trouble -Hearing difficulty

-Bad eyesight -Wear eye glasses -Wears contact lenses -High blood pressure -Allergy-Asthma -Dental appliances

-Fainting or dizzy spells -Special Diet required -Any restriction to camp activities -Any medical care within past year

Medical Facts: _____

Current medications: _____

Food allergies or special diet: _____

Other allergies: _____

Doctor's Name and telephone: _____

Insurance Name and telephone: _____

Policy ID# and Group#: _____

Subscribers Name & relationship: _____

→ **If the camper is a MINOR:** - In consideration of permission granted to the above-named minor child by the Royal Rangers to participate in any part of Royal Ranger activities, I hereby release and discharge the Assemblies of God, the Royal Rangers and their staff, paid or volunteer, from all claims, demands, actions, and judgments which the undersigned or their heirs may have against the Assemblies of God and the Royal Rangers for all personal injuries caused by involvement in Royal Ranger activities. I have read this release, understood its terms and signed it voluntarily in full knowledge of its significance:

- And, I DO / DO NOT (circle one) give permission for any pictures of my child to be used for promoting Royal Rangers.

- And, after reasonable attempts to reach each parent or guardian have been unsuccessful, I hereby give permission to licensed physicians and hospitals selected by the leader in charge to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for the above named individual.

Signature (parent/guardian): _____ Date: _____

→ **If the camper is an ADULT:** - I hereby release and discharge the Assemblies of God, the Royal Rangers and their staff, paid or volunteer, from all claims, demands, actions, and judgments which the undersigned or their heirs may have against the Assemblies of God and the Royal Rangers for all personal injuries caused by involvement in Royal Ranger activities. I have read this release, understood its terms and signed it voluntarily in full knowledge of its significance:

- And, I hereby give permission to licensed physicians and hospitals selected by the leader in charge to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for the above named individual.

Signature (adult camper): _____ Date: _____

- Official Use Only: Monies received at event _____