

EVENT RELEASE FORM ROYAL RANGERS MINISTRIES

Event Participant's Name: _____

In case of emergency please notify:

 Last Name (Please Print) First Name

 Daytime Phone Number Evening Phone Number

 Email Address:

 Health Insurance Company's Name

 Policy Number:

 Certificate Number:

 Date of Coverage:

 Health Insurance Company Phone #

Health History: To be completed by the applicant (if over age 18) or by a parent/legal guardian if the applicant is a minor (under age 18). Has the applicant experienced any of the following? **Check either "Yes" or "No". If "Yes" explain under "Remarks and medical facts".**

Sinus Condition []Y []N	Fainting or dizzy spells []Y []N	Wear contact lenses []Y []N	Any exposure to infectious:
Ear Problem []Y []N	Diabetes []Y []N	Any medical care	Disease past 3 weeks []Y []N
<u>Lung Problem</u> []Y []N	<u>Appendix removed</u> []Y []N	<u>in past year</u> []Y []N	<u>Hepatitis past 6 months</u> []Y []N
Heart trouble []Y []N	Shortness of breath []Y []N	Any surgery within	Any disorder preventing
<u>High blood pressure</u> []Y []N	<u>Skin infection</u> []Y []N	<u>past year</u> []Y []N	<u>strenuous activity</u> []Y []N
Allergy - Asthma []Y []N	Hearing difficulty []Y []N	Any reaction to drugs	Taking prescription
<u>Special diet required</u> []Y []N	<u>Bad Eyesight</u> []Y []N	<u>or medicines of any type</u> []Y []N	<u>medicine?</u> []Y []N

Food or drug allergies: _____

I am currently taking the following medicines: _____

Remarks and medical facts: _____

Latest date of inoculation/vaccination against:

Tetanus ___/___/___ Small pox ___/___/___

Measles ___/___/___ Typhoid ___/___/___

Diphtheria ___/___/___ Polio ___/___/___

Required Release Signatures:

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor (under age 18) to attend this Royal Ranger event. The parent's or legal guardian signature below indicates permission to administer medical attention to the minor in the event of an emergency, permission to the physician selected by the event's commander (or delegate) to hospitalize and secure proper treatment (including surgery). It is understood that the event officials will make a conscientious effort to locate emergency contacts listed on this form. I/we will fully pay for all medical expenses incurred. If any injury occurs at camp, it must be reported. I hereby release the Assemblies of God Northern California and Nevada District Council, Inc. and the Royal Rangers Ministries, their agents, employees, and volunteer assistants from any liability whatsoever arising out of any loss, damage, or injury sustained by my child during the involvement with Royal Rangers.

 PRINT COMPLETE NAME OF MINOR

 PARENT/LEGAL GUARDIAN SIGNATURE

 DATE

Adult (18+) Pastor's Certification for Church Worker: I am personally acquainted with the adult applicant and in my opinion he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Ranger activity. The church has on file the applicant worker's screening form. **Adult leaders are considered 18 years of age or older.**

 PASTOR'S SIGNATURE

 DATE

ADULT APPLICANT'S SIGNATURE: My signature acknowledges that I have truthfully abided by the requirements as stated on this application form. My signature verifies I am age 18 or older and I have received my pastor's signature as required. My signature also indicates my permission for emergency medical treatment should the need arise while at this Royal Ranger event.

 APPLICANT'S SIGNATURE

 DATE

Participant's Signature: I agree to abide by and cooperate with all policies, commanders, and fellow participants. I agree to abide by the event rules.

 EVENT PARTICIPANT'S SIGNATURE

 DATE