

Strengthened for the battle
POW-WOW 2017 TENTATIVE GENERAL
SCHEDULE

>THURSDAY

Registration starts 10:00 am - 12:00 pm

Camp set up.

* all vehicles must be removed from campsites

Pool time TBA _____ pm (\$ free)

Activities 3:00 - 6:30

Supper 6:30 pm - 8:00 pm

Service 8:00 - 10:00 (Tabernacle)

Commanders meeting 10:15pm - 10:45pm (tabernacle)

Lights Out 12:00 am

>FRIDAY a.m. and p.m

9:00 am - 10:00 am Registration opens

* all vehicles must be removed from campsites

4:00 am - 6:00am Fishing at the lake (bring your own equipment)

6:00 am - 8:15 am Breakfast

8:30am - 9:15am morning Assembly (flag poles)

9:30am - 10:00am camp inspection and uniform inspection

10:30am - 12:30pm activities/ sports

12:30pm - 3:15 pm lunch and pool (\$3.00 per person, purchase tickets at registration)

TIME _____

3:30pm - 6:30pm activities resumes

6:30pm 8:00pm supper

8:00pm - 09:30pm service (tabernacle)

9:30pm - 10:00 staff meeting (Head Quarters)

10:00pm - 11:30 movie night (tabernacle)

12:00 am lights out.

>SATURDAY morning

4:00 am - 6:00 am fishing

6:00 am - 8:15 am Breakfast

8:30am - 9:45 service (tabernacle)

10:00 am - 12:00 pm Activities- INCLUDING DERBY RACES

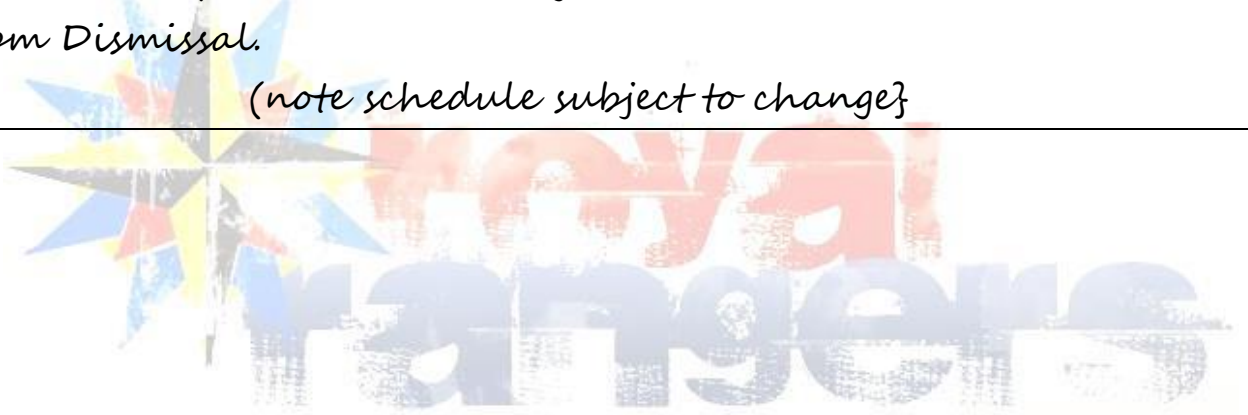
12:00pm - 1:30 pm Lunch and camp breakdown

Vehicles may re-enter campsite

1:45pm - 2:30pm Final meeting/ celebracion service

3:00pm Dismissal.

(note schedule subject to change}



Soldier for Christ

2 Timothy 2:3-4

JUNE 15-17 2017 Lakeview

camp Maypearl TX

Registration Form

- Early Registration Deadline: **May 26, 2017**
(\$40.00 per person) includes: Tshirt, Cap and a Patch.

- onsite \$50 : **Do not mail in if registering onsite.**
Includes: patch (hat is on a first come first serve basis) **No Tshirt**

EVERY ONE ATTENDING MUST REGISTER, NO EXEPTIONS, REGARDLESS OF AGE TODOS LOS QUE ASISTAN TIENEN QUE REGISTRARSE

(Please Print)

Church: _____

Church Address: _____ City/State/Zip: _____

Sr. Pastor: _____ Phone# _____

Church Phone: _____

Sr. commader: _____

Leader's Phone: _____

(Day and Evening Phone)

Registration Information:

For Onsite Only

Total Registrants: _____ X (\$40.00) (\$50.00) = _____ (total)

Shirt order by sizes (please include quantity by sizes)

S _____ M _____ L _____ XL _____ XXL _____ XXX _____

Other _____

Please total everyone attending by age group or grade including total leaders and anyone over 18 years old. **all ranger kids must be accompanied by their father.**

DR _____ **AR** _____ **ER** _____
Grades 3-5 _____ Grades 6-8 _____ Grades 9-12 _____ Leaders _____

Note:all leaders and commanders are required to volunteer at least 2hrs to help in one of the events, details will be giving at camp.

Church Checks and Money Orders, NO PERSONAL CHECKS

Please Mail in forms to: south central Hispanic District

4925 Worthing Dr Garland TX 75043

Contact information: Jose Galvez (214) 325-4990 jgal306@yahoo.com

Elmer Monterroso (972) 603-5293 elmer@esmirna.com

Checks and money orders can be made payable to: South Central Hispanic District

**Pow-Wow 2017 Emergency Medical Release and Liability Form
S.C.H.D. Royal Rangers**

Camper's Name _____ Date of Birth _____
Home Address _____ City _____ State _____ zip _____

EMERGENCY INFORMATION

Parent or gurdian

Name _____ Home phone (____) _____

Cell Phone (____) _____ Work Phone (____) _____

In an Emergency when parent/ guardian cannot be reaches o ir not applicable, please contact the following:

Name _____ Relationship to camper : _____

Home phone (____) _____ Cell (____) _____ Work (____) _____

MEDICAL HISTORY OF CAMPER

- | | | |
|---|----|-----|
| 1- Any current medical problems? | NO | YES |
| 2- Had any recent injury requiring medical attention? | NO | YES |
| 3- Currently taken any medications? | NO | YES |
| 4- Had any severe head or neck injuries? | NO | YES |
| 5- Any allergies to prescription and / or non-prescription medications? | NO | YES |

Please explain any "yes" answers

PARENTAL CONSENT TO MEDICAL TREATMENT

Please sign one of the following statements concerning the medical treatment of your child

_____ In the event of **any illness or injury** to my child, I give the attending physician permission to administer treatment, while continue to contact the parent, gurdian or designated individual.

_____ In the event of a **minor illness or injury** only to my child , I give the attending Physician permission to administer treatment.

_____ In the event of **any illness or injury** to my child, I Do not give the attending physician permission to administer treatment, until the parent, gurdian or designated individual is contacted.

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES.
TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED.**

I the undersigned participant and parent/guardian of the above listed minor(if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that may involve risk of serious injury. the condition of the premises or of any equipment used and further, that there may be other unknown risk not reasanoble foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damage following such injury: injury, permanent disability or death, hereby release, discharge, covenents to indemnify and not to sue South central hispanic district nor its sponsoring organizations, its directors , officers,employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and leasers of the premises used to conduct the event, All of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned. His/Her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicants participation in the programs and or being transported to or from the same, which participation after careful consideration I hereby authorize and which transportation I hereby authorize.

Parents/guardian signature (under 18)

Date

Participant Signature

Date

