



TEXAS LOUISIANA HISPANIC DISTRICT
**2019 ROYAL RANGERS
POW WOW**
MAY 3-5, 2019

CAMP WILLIAMS, HALLETTSVILLE TEXAS

POW WOW ACTIVITIES

GAGA BALL, 9 SQUARE IN THE AIR, RANGER DERBY,
SOCCER TOURNEY, 6X6 FLAG FOOTBALL, ARCHERY TAG,
FRONTIER VILLAGE, EVANGELISTIC EVENING SERVICES AND
COMMUNION.

OUTDOORS

KNIFE AND HAWK, CAMPFIRE, OUTDOOR COOKING,
HIKING AND CAMPING

ARTS

LIVE MUSIC, SKITS DRAMAS, POETRY, OUTPOST
ARCHWAYS, OUTPOST T-SHIRT JUDGING

TECHNOLOGY

BEST MEME, #SOCIAL MEDIA, OUTPOST VIDEO CHALLENGE



SPECIAL SPEAKER
REV. DAVID AVILA



TONY GARCIA III
TLHD ROYAL RANGERS DIRECTOR
TLHDROYALRANGERS@GMAIL.COM

CAMP WILLIAMS
1345 CR 444
HALLETTSVILLE, TEXAS



2019 Texas Louisiana Hispanic Royal Rangers
May 3-5th, 2019 Camp Williams Hallettsville, Texas
LOVE

February 1, 2019

Dear Pastor's and Royal Rangers:

First, I would like to thank you for your support of Royal Rangers at each district event and at your local church. If you do not currently have Royal Rangers in your church but have young men that need to be mentored and disciplined, please consider Royal Rangers. We know that there is no ministry that will substitute for parenting and Pastor's anointed word from the pulpit. And it is for this reason, we would like to share with our Men and Boys at this year's camp, the importance of, **Sacrifice, Courage and Love. Love** is the theme of our camp this year. We will share the gospel message of how Christ first loved us (1 John 4:19) not because we were perfect but because we were lost and dead in our trespasses.

Royal Rangers will continue to preach Jesus Christ and him crucified (1 Corinthians 2:2) and challenge this generation to follow a lifelong journey with Christ. Our goal is to share with this generation the ordinary means of God's grace: fellowship among saints(through activities), the Lord's Supper, anointed Word and Prayer. Royal Rangers use events and activities to achieve this goal and a great opportunity to start or strengthen the journey is to attend the 2019 Texas Louisiana Hispanic Royal Rangers Pow-wow. This year's District Camp (Pow-Wow) will be held **May 3-5th** at Camp Williams in Hallettsville, Texas. Make plans now to attend this very special event.

Again, we will be honored to have Rev. David Avila, Director of School of Ministry, Texas Latin Conference IPHC share God's word with us. David will share God's story for this generation and how Christ Love covers many sins (1 Peter 4:8). The theme of Pow-wow is "**Love**" based on John chapter 15, as we look to strengthen our resolve in our Lord and Saviour. Please pray with me that lives will be impacted for His Kingdom!

Special Features & Events

- Shooting Sports & Outdoors Activities
- Sports & Games
- Frontier Village
- Special After-Service Fellowship
- Outpost Competitions
- Live Worship Music
- Ranger Derby
- Sunday School & Communion Service

Pow-wow is open to any man and boy wanting to experience God in a special outdoor setting. Join the adventure!

In His Service,

Tony Garcia III
TLHD Royal Rangers Director
tlhdroyalrangers@gmail.com

www.tlhdroyalrangers.org

**2019 Texas Louisiana Hispanic Royal Rangers Pow-Wow
May 3-5th., 2018 – Camp Williams Hallettsville, Texas**

Friday, May 3

- 10:00 am – 5:00 pm Registration, Camp Setup Hiking & Fishing
- 6:00 pm All Leaders Meeting @ Staff Headquarters
- 6:00 pm Dinner (not included with registration)
- 8:00 pm Pageant & Service @ Assembly Area
- 10:00 pm Smores-n-snores @ Assembly Area
- 11:00 pm Taps, Lights Out

Saturday, May 4

- 7:00 am Reveille
- 7:30 am Breakfast (not included with registration)
- 8:30 am Roll Call, Flags, Patrol Inspections and Devotion @ Assembly Area
- 9:30 am Ranger Events
- 12:00 pm Lunch(not included with registration)
- 1:00 pm Ranger Events Continue, Fun Events, FCF Village
- 2:30 pm Opening Ceremony – FCF Scout Competition & Buckskin Challenge @ Frontier Village
- 4:00 pm Events Close – Turn in Scorecards @ Registration
- 4:30 pm FCF Meeting –@ FCF Village
- 5:30 pm Dinner (not included with registration)
- 8:00 pm Council Fire, Ranger Derby, Service and Communion @ Assembly Area
- 10:00 pm Fellowship Ceremony @ Assembly Area with FCF Members
- 11:00 pm Taps, Lights Out

Sunday, May 5

- 7:00 am Reveille
- 7:30 am Breakfast & Breakdown Camp (not included with registration)
- 9:30 am Roll Call, Sunday School & Devotion, Awards & Presentations @ Assembly Area
- 11:30 am Camp Dismissal



**2019 Texas Louisiana Hispanic Royal Rangers
Pow-wow
May 3-5th., 2019 – Camp Williams
Pre-Registration - \$55 - On-site registration - \$65**

Church Registration deadline is: April 10th.

Church Name: _____ Outpost #: _____

Address: _____

City: _____ State / Zip: _____

Pastor's Name: _____ Church Phone #: _____

Chartered: **Y N**

Pastor Present: **Y N**

	Pre-registered	After deadline
Number of Discovery Rangers(3 rd -5 th):	_____	_____
Number of Adventure Rangers(6 th -8 th):	_____	_____
Number of Expedition Rangers(HS):	_____	_____
Number of Leaders/Adults:	_____	_____
Total Number Registered:	_____	_____
Registration Price:	x \$55.00	x 60.00
Total Amount Due:	_____	_____

**Pastors and GMAs Free | Make Checks Payable to: TLHD-Royal Rangers
P.O. Box 96738 Houston, TX 77213**

Outpost Coordinator's Name: _____

List All Leader/Adult Names: _____ GMA Recipients or Pastor Free Admission: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- All leaders/adults (18 and older) must have an approved background check / screening on file with their Pastor/Church and at campsite.
- All registered individuals should have a completed medical info form on hand with the Outpost Coordinator.
- Each registered outpost/church will need to provide proof of church insurance.
- All registered individuals will need to complete a release of liability waiver (attached).

2019 Texas Louisiana Hispanic Royal Rangers | 2019 TLHD Pow-wow

Medical History & Release

Camper's Name: _____ Church: _____

In case of emergency, please notify:	Insurance Information
Name: _____	Health Insurance Carrier _____
Relationship to camper _____	Phone Number _____
Home Phone _____	Policy ID # _____
Cell Phone _____	Group Number _____

I understand that my personal insurance will be the primary insurance policy to be billed in the event of any medical treatment or evaluation. Any expenses incurred that insurance policies will not pay; they will be my responsibility as the parent/guardian.

Health History

To be completed by the applicant (if 18 years or older) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant ever experienced any of the following? Check either **Y (Yes)** or **N (No)**. If yes, please explain in the Additional Information section.

Height: _____	Weight: _____	Birth date: _____	Tetanus Shot Date: _____
	Y N		Y N
Sinus Condition	<input type="checkbox"/> <input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/> <input type="checkbox"/>
Ear Problem	<input type="checkbox"/> <input type="checkbox"/>	Skin Infection	<input type="checkbox"/> <input type="checkbox"/>
Lung Problem	<input type="checkbox"/> <input type="checkbox"/>	Hearing Difficulty	<input type="checkbox"/> <input type="checkbox"/>
Heart Trouble	<input type="checkbox"/> <input type="checkbox"/>	Bad Eyesight	<input type="checkbox"/> <input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/> <input type="checkbox"/>	Wear Glasses	<input type="checkbox"/> <input type="checkbox"/>
Allergy/Asthma	<input type="checkbox"/> <input type="checkbox"/>	Wear Contacts	<input type="checkbox"/> <input type="checkbox"/>
Fainting / Dizzy	<input type="checkbox"/> <input type="checkbox"/>	Medical Care in Past Year	<input type="checkbox"/> <input type="checkbox"/>
Diabetes	<input type="checkbox"/> <input type="checkbox"/>	Surgeries in Past Year	<input type="checkbox"/> <input type="checkbox"/>
		Infectious Diseases	<input type="checkbox"/> <input type="checkbox"/>
		Hepatitis in past 6 mo	<input type="checkbox"/> <input type="checkbox"/>
		Anger / Depression	<input type="checkbox"/> <input type="checkbox"/>
		Prescription Medication	<input type="checkbox"/> <input type="checkbox"/>
		OTC Medications	<input type="checkbox"/> <input type="checkbox"/>
		Drug or Food Allergies	<input type="checkbox"/> <input type="checkbox"/>
		Special Dental	<input type="checkbox"/> <input type="checkbox"/>
		Special Diet	<input type="checkbox"/> <input type="checkbox"/>

Current Medications: _____

Additional Information: _____

Adult Applicant Signature: My signature indicates my permission for emergency medical treatment should the need arise while at a Texas Louisiana Hispanic Royal Rangers event or while traveling to or from the campground.

Adult Applicant's Signature: _____ Date: _____

Parent / Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend a Texas Louisiana Hispanic Royal Rangers camp. The parent's or legal guardian's signature below indicates permission to administer medical attention to the minor when necessary.

Print Complete Name of Minor: _____

Parent / Legal Guardian Signature: _____ Date: _____

2019 Texas Louisiana Hispanic Royal Rangers - Parental Release

My son (or legal ward) _____ has my permission to attend the 2019 Texas Louisiana Hispanic District (TLHD) campground called Camp Williams. I understand that he is expected to abide by the rules and regulations of the South Texas District and TLHD Royal Rangers and to obey and follow the instructions of the staff at all times. Serious, unresolved disciplinary problems could result in his early dismissal from camp.

During the course of the District Camp, numerous photos will be taken by individual staff members and our official camp photographer. These photos will not be used in any way that would individually identify any of the participants in the photos. I give permission for my son to appear in photographs from this camp that do not individually identify him as a participant in the TLHD camp. This permission extends to any possible publication of the photos in Royal Rangers publications or on Royal Rangers websites, district and regional Facebook group pages, or in promotional materials.

I understand that participation in Royal Ranger activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent to my child to attend and participate in all TLHD Royal Rangers activities, including but not limited to hawk and knife throwing, archery, frontier games, blacksmithing, frontier crafts, primitive cooking, fire starting and hiking. I also understand that the Camp staff reserves the right to restrict my child from any activity that he/she does not feel is within the physical capabilities of my child.

HOLD AND SAVE HARMLESS AGREEMENT: Now therefore, in consideration of mutual covenants and agreements between the parties here to, it is agreed as follows: We the parents of the above named youth agree to save and hold harmless South Texas District, Camp Williams/Royal Rangers and Texas Louisiana Hispanic District, Texas Louisiana Hispanic Royal Rangers and/or its staff from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. Parent further agrees to save and hold harmless all other parties involved from and on account of damages of any kind which the youth may suffer as a result of the acts of participating in the program.

Name of Parent or Guardian: _____

Relationship to Camper: _____

Signature: _____ **Date:** _____

**Youth Participant
Signature:** _____

ADULT PARTICIPANT - RELEASE OF LIABILITY AND AGREEMENTS

HOLD AND SAVE HARMLESS AGREEMENT: Now therefore, in consideration of mutual covenants and agreements between the parties here to, it is agreed as follows: I, _____, agree to save and hold harmless South Texas District, Camp Williams, and Texas Louisiana Hispanic District Royal Rangers, and Texas Louisiana District from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. I further agree to save and hold harmless all other parties involved from and on account of damages of any kind which I may suffer as a result of the acts of participating in the program or event. I also verify that I have a successfully completed the required child worker's screening (background check) as administered by local church or district/network entity.

Adult Participant Signature: _____ **Date:** _____

Pastor's Certification (required for all applicants 18 years of age or older) I, the undersigned, as Pastor of the above named adult participant do hereby acknowledge that this individual has been properly screened and approved for child or youth work in our church and provide my unqualified endorsement to his participation in this event.

Pastor's Signature: _____ **Date:** _____