

# Frontiersmen Camping Fellowship

## Black Powder & Activities

### Permission Form



I am the parent or guardian of \_\_\_\_\_ who is a member of the Royal Rangers Program. I give him permission to sell, trade, give receive, or barter and have in his possession during any FCF event, any knife or black powder firearm as is appropriate for this type of historical reenactment activity.

Please consider this document as written consent for my son \_\_\_\_\_ to participate in any of the Frontiersmen Camping Fellowship activities which include black powder loading and shooting, knife and hawk throwing, flint and steel, fire starting, frontiersmen crafts and workshop classes, and any other activities conducted. I will hold harmless any and all leaders or officers of any unforeseen accidents, even though great care for safety is always taken.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of parent or guardian Date

If you do not want your son, \_\_\_\_\_ participating in any of the above activities please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of parent or guardian Date

If you are under the age of 18, you must have this form signed by your parent or guardian in order to participate in the above-mentioned activities at the Trace, and/or Rendezvous.

#### **Parent/Guardian please complete:**

Name of minor \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number: (\_\_\_\_\_) \_\_\_\_\_

Daytime phone number: (\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birth date of minor: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any information we should know about: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_