PARTICIPANT AGREEMENT & MEDICAL RECORD

CAMPER ID: *(for camp use only)*

National FCF Rendezvous - July 14-18, 2014 - Eagle Rock, MO

Registration for National FCF Rendezvous may be made online at NationalRendezvous.com or by mail. Print applications are available online at NationalRendezvous.com or may be requested by e-mail at Rangers@ag.org. Regardless of the registration method used (online or print), this "Participant Agreement & Medical Record" form must be submitted for ALL participants (adults & minors). Your registration will not be complete until these forms have been received.

PARTICIPANT'S NAME: _____ Age: _____ Date of Birth: _____ Denomination: _____ Ranger District: _____ Outpost: _____

MEDICAL INSURANCE: Insur. Company Name: _____ Phone: _____ Policy #: _____

HEALTH HISTORY: Do you currently have, or have you ever been treated for any of the following?

Y	N	Condition	Y	N	Condition	Y	N	Condition
		Abdominal/digestive problems			*Fainting spells*			*Lung/respiratory disease*
		Asthma/breathing problems			*Kidney disease*			*Muscular/skeletal condition*
		Behavioral/neurological disorders			*Thyroid disease*			*Sleep disorders*
		Bleeding disorders			*Heart disease, heart attack, heart murmur*			*Sickle cell disease*
		Ear/sinus problems			*Hypertension(high blood pressure)*			*Seizures*
		Excessive fatigue			*Stroke*			

If yes to any, please explain: _____

IMMUNIZATIONS: The following immunizations are recommended. The CDC (Center for Disease Control) also recommends that you be current on the following immunizations: Influenza (flu), Pneumonia, Menigoccocalla, Hepatitis A, Hepatitis B and Polio. Please indicate below if you have received the immunization, & the date received.

Immunized?				Had disease?		
Y	N	Immunization	Date Received	Y	N	Date(s) you had the disease
		Td/TDAP – Tetanus, diphtheria, pertussis				
		MMR – Measles, Mumps, Rubella				

MEDICATIONS: Please indicate below all medications currently being used, including items for occasional or emergency use. Attach additional forms if additional space is needed.

Medication	Strength	Frequency	Aprox. Date Started	Needed For

Please provide additional information concerning current health or medical conditions not referenced elsewhere: _____

PARENT/LEGAL GUARDIAN CONSENT

The signature of a parent or legal guardian is required for a minor to attend and participate in the activities at the 2014 National Rendezvous at Eagle Rock, MO, July 14 - 18, 2014. The parent's or legal guardian's signature below also gives permission to administer medical attention to the minor in the event of a medical emergency.

Optional food service at Rendezvous will not be able to meet specific dietary needs (allergies, vegetarian, etc.). If you have specific dietary needs, you must plan on meeting this need on your own. Peanuts and peanut oil will not be used in any optional prepared meals served at Rendezvous. Some food products however, may be produced in a factory where nuts and peanuts are used and therefore contamination of these products may occur.

I understand that participation in National Rendezvous 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 National Rendezvous activities, including but not limited to hawk and knife throw, black powder shooting, archery, swimming, frontier games, blacksmithing, frontier crafts, high and low ropes course, and hiking.

I verify that my child is 11 years old by July 14, 2014 and not yet 18 years of age by July 18, 2014, and is a current FCF member of a district chapter. I also understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the General Council of the Assemblies of God, national Royal Rangers office, all employees, the activity coordinators, volunteers, and related parties, or other organizations associated with the activity from any and all claims of liability arising out of this participation. In case of emergency involving my child, I authorize the use of emergency medical care at the discretion of the adult event leadership. I further acknowledge my understanding that media footage, including audio, video and photos may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of my child in any form and relinquish all rights of ownership or compensation. It is further understood that acceptance of these terms is a condition of my child's participation in this event.

_____ _____ _____

Signature of Parent/Guardian | Date | Please print name of signer

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 Rangers activity. The church has on file the applicant's youth workers screening form. Adult leaders are considered 18 years of age or older, on or before July 18, 2014.

_____ _____ _____

Signature of Pastor | Date | Please print name of signer

ADULT APPLICANT'S SIGNATURE

My signature acknowledges that I have truthfully abided by the requirements as stated on this application. My signature verifies I am age 18 or older by July 18, 2014 and that I have received my pastor's signature as stated on this application. My signature also indicates my permission for emergency medical treatment should the need arise while at this event or while traveling to or from the event site.

_____ _____

Applicant's Signature | Date