

PARTICIPANT AGREEMENT & MEDICAL RECORD

CAMPER ID: *(for camp use only)*

National Camporama – July 18-22, 2016 – Eagle Rock, MO

Registration for National Camporama may be made online at NationalCamporama.com or by mail. Print applications are available online at NationalCamporama.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 |
|---|---|-----------------------------------|
| | | Abdominal/digestive problems |
| | | Asthma/breathing problems |
| | | Behavioral/neurological disorders |
| | | Bleeding disorders |
| | | Ear/sinus problems |
| | | Excessive fatigue |

| Y | N | Condition |
|---|---|---|
| | | Fainting spells |
| | | Kidney disease |
| | | Thyroid disease |
| | | Heart disease, heart attack, heart murmur |
| | | Hypertension(high blood pressure) |
| | | Stroke |

| Y | N | Condition |
|---|---|-----------------------------|
| | | Lung/respiratory disease |
| | | Muscular/skeletal condition |
| | | Sleep disorders |
| | | Sickle cell disease |
| | | Seizures |

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, Meningococalla, Hepatitis A, Hepatitis B and Polio. Please indicate below if you have received the immunization, & the date received.

| Immunized? | | Immunization | Date Received | Had disease? | | Date(s) you had the disease |
|------------|---|--|---------------|--------------|---|-----------------------------|
| Y | N | | | Y | N | |
| | | 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 2016 National Camporama at Eagle Rock, MO, July 18 - 22, 2016. 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.

Food service at National Camporama will not be able to meet special dietary needs (food allergies, vegetarian, etc.). If you have special dietary needs you must plan to meet those needs on your own. Peanuts and peanut oil will not be used in any prepared meals served at this event. However, some food products may be produced in a factory where nuts and peanuts are used and therefore allergen contamination of these products may occur.

I understand that participation in National Camporama 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 Camporama activities, including but not limited to hawk and knife throw, rifle & shotgun shooting, archery, paintball competitions, swimming, blacksmithing, high and low ropes course, and hiking.

I verify that my child is or will be at least 9 years old by July 18, 2016. 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 leadership at this event. I further acknowledge my understanding that media footage, including audio, video and photos may be recorded at this event for future promotional use by Royal Rangers or the General Council 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

PASTOR'S CERTIFICATION FOR CHURCH WORKER – required for all applicants reaching 18 years of age by July 22, 2016

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 to be anyone reaching 18 years of age or older on or before July 22, 2016.

Signature of Pastor

Date

Please print name of signer

ADULT APPLICANT'S SIGNATURE – required for all applicants reaching 18 years of age by July 22, 2016

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 22, 2016 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