

# 2009 Rivermen Territorial Rendezvous Registration Application

Must be postmarked no later than September 1, 2009 for Pre-Registration

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

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

Check One  Old Timer  Young Buck

District: \_\_\_\_\_ Outpost #: \_\_\_\_\_

FCF Name: \_\_\_\_\_

FCF Level:  Frontiersman  Buckskin  Wilderness

This year, we are adding the option of a rendezvous t-shirt for an additional \$10.00

If you are ordering a shirt, please indicate your size below:

T-shirt Size:  S  M  L  XL  XXL (Men's sizes only) Quantity \_\_\_\_\_



If you are under the age of 18 at the time of the rendezvous, you must have the attached Knife and Black Powder Permission form signed by your parent or guardian in order to participate in the activities at the Rendezvous.

## Pre Registration Fees

Pre-Registration Fee –Includes Registration Medallion  
Old Timers \$35.00 Young Bucks \$25.00

Registration Fee after September 1, 2009  
Old Timers-\$40.00 Young Bucks \$30.00

The Southern Missouri District is offering meals for the duration of the rendezvous for an additional \$30.00 per person. You must pre-register by September 1 for these meals!

Pre-Registration:  YB- \$25.00  OT-\$35.00

Registration after 9-1-09  YB- \$30.00  OT-\$40.00

Rendezvous T-Shirt  \$10.00 each

Rendezvous Meals  \$30.00 per person

**Total Enclosed:** \_\_\_\_\_

Make Checks Payable to Gulf Region Royal Rangers

Wilderness applications **must** be received  
by July 14, 2009

### **Send Application and Fees to:**

Greg Atwell, Rivermen Territorial Representative  
2328 Huckaby Road  
Columbia, TN 38401  
E-mail: crazywolfga@aol.com  
Phone:931-381-9444

## Pastors Certification for Church Workers- 2009 Rivermen Territorial Rendezvous

If the participant will be 18 or older at the time of the Rivemen Territorial Rendezvous, the participants pastor must sign this form.

Adult (18+) Pastor's Certification For a 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 applicants screening form. Adult leaders are considered 18 years of age or older.

\_\_\_\_\_  
Pastors Signature

\_\_\_\_\_  
Date

**MEDICAL RELEASE FORM**

**(Please complete one copy for each boy attending Rendezvous)**

NAME OF CAMPER: _____	District: _____
ADDRESS: _____	
CITY: _____	ZIP _____
DOB _____	
AGE: _____,	PARENT'S/GUARDIAN'S NAME: _____
CHURCH: _____	ROYAL RANGERS OUTPOST NUMBER: _____

**Parent Release To Attend The Territorial Rendezvous**

I hereby authorize \_\_\_\_\_ (Ranger's/boy's name) to attend the Territorial Rendezvous. I understand the arrangements and feel that adequate precautions for the safety of my child have been made and will continue to be taken. I will not hold the local church, its leaders, the Gulf Region staff, or the General Council of the Assemblies of God responsible for accidents. I understand that my personal insurance will be the primary carrier in case of an emergency needing professional care.

I understand that a First Aid Station will be on the site with a qualified person on duty.

_____	_____	_____
Insurance company name/policy #	Signature of parent or guardian	Date

**PHYSICIAN'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

The purpose of this section is for parents or guardians to authorize emergency treatment for their child in case of illness or injury while in the custody of Leaders attending the Rivermen Territorial Rendezvous.

This section **must be completed and signed** to provide for emergency care.

I \_\_\_\_\_ from \_\_\_\_\_, \_\_\_\_\_  
(parent or guardian) (city) (state)

the \_\_\_\_\_ of \_\_\_\_\_, a minor who is attending the  
(father, mother, legal guardian) (child's name)  
Rivermen Territorial Rendezvous, do give consent beforehand (in the event that all reasonable attempts to contact me or

\_\_\_\_\_ have been unsuccessful)  
(alternate consenting adult)

for the administration of any treatment necessary by a licensed physician or dentist.

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone number Alternate phone number - cell, business, etc.

\_\_\_\_\_  
Parent or guardian signature Date

# HEALTH HISTORY

This form should be filled out by the parent or guardian. Answer “yes” or “no” to all of the following. Briefly explain all “yes” answers under the “REMARKS AND MEDICAL FACTS”

<u>REMARKS AND MEDICAL FACTS</u>	
___	1 sinus condition _____
___	2 ear problem (tubes, etc.) _____
___	3 lung problem _____
___	4 heart problem _____
___	5 blood pressure problem _____
___	6 allergy or asthma _____
___	7 fainting or dizzy spells _____
___	8 shortness of breath _____
___	9 skin or staff infection _____
___	10 hearing difficulty _____
___	11 bad eyesight _____
___	12 wears contact lenses _____
___	13 any medical care in past year _____
___	14 any surgery within past year _____
___	15 hepatitis, TB, or other communicable disease _____
___	16 any exposure to infections within last three weeks _____
___	17 any disorder preventing strenuous activity _____
___	18 taking prescription medications or drugs _____
___	19 any reaction to drugs or medications: list type _____
___	20 any special diet requirements _____
___	21 any physical limitations needing special attention _____

## LAST KNOWN DATE OF INOCULATION OR VACCINATION AGAINST:

TETANUS	SMALL POX	MEASLES	TYPHOID	DIPHThERIA	POLIO	T B

List any restrictions from full activities at this event:

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**REMARKS:** \_\_\_\_\_

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