



Camporee 2011 Registration Package Checklist

OUTPOST _____

**(Please separate paperwork into the following *sections*
in a 3-RING BINDER)**

Checklist:

- b. Outpost Registration Forms**
- c. Campout Rosters**
- d. Individual Medical Forms**
(Please separate into 2 sets: one for the Section and one will be given back to the Outpost)
- e. Firearm Permission Slips-NV**
(These will be given back to the Outpost at registration)
- f. Model Release Agreements**
- g. Pastor's Certification**
- h. District Insurance Verification**
- i. Outpost Statement of Agreement**
(Required for each adult attending)



2011 Southern Nevada Section Camporee Outpost Registration Form

Church: _____

Address: _____

Outpost # _____ Outpost Coordinator or Commander in Charge: _____

Commander's Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

Total Boys Attending: Ranger Kids _____

Adventure Rangers _____

Discovery Rangers _____

Expedition Rangers _____

Commanders _____

Pastors _____

Dads _____

Total Attending: _____ X Registration Fee of \$ _____ = \$ _____

CAMP-OUT ROSTER

(Use additional forms if necessary)

CHURCH NAME _____ OUTPOST # _____

BOYS NAMES	RK/DR/AR/ER GROUP	HOME PHONE NUMBER (Area Code/Number)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
NAMES OF ADULTS	CMDR OR DAD	
1.		
2.		
3.		
4.		
5.		

(PAGE ____ OF ____) TTL # BOYS: _____ TTL # COMMANDERS: _____ TTL # DADS: _____

Individual Medical Form

HEALTH HISTORY AND MEDICAL PERMISSION FORM

One Form per Person (Must have a copy of this form for every boy when you register at event/camp)

PLEASE PRINT

Name _____

Address _____

City _____

State _____ ZIP _____

Phone (_____) _____

Date of Birth _____

Church Name & City _____ Outpost # _____

NOTIFY IN AN EMERGENCY

Name _____

Address _____

City _____

State _____ ZIP _____

Emergency Phone (_____) _____

Relationship _____

Have you ever been treated for any of the following: (Check box if YES)

Asthma Allergies Bronchitis Diabetes Heart Disease High Blood Pressure Seizures

PLEASE provide any additional information here: _____

PLEASE identify any physical limitations or limitations: _____

Date of last TETANUS booster: _____ Do you wear: Glasses Contacts Dental Appl.

Please list all medications being taken (name, dosage and frequency): _____

IN THE EVENT HOSPITALIZATION IS NEEDED, PLEASE FILL IN

NAME OF THE INSURED (Policy Holder) _____

Medical / Hospital Insurance Company: _____

Policy or Certificate Number: _____

Employer: _____ Employer's Group: _____

Name of person to contact (Commander or Adult on premises for information) _____

In case of an emergency, I hereby give permission to the physician to render treatment. Should the physician deem it necessary, I authorize hospitalization, anesthesia, surgery or injection of medication.

(Signature of parent, if a minor)

Date

===== THIS DOCUMENT WILL BE SHREDDED UPON COMPLETION OF THE EVENT =====

NEVADA REVISED STATUTE 202.300:

(A COPY OF THIS PERMISSION SLIP MUST BE ON PERSON AT THE TIME OF THE EVENT!)

1. Except as otherwise provided in this section, a child under the age of 18 years shall not handle or have in his possession or under his control, except while accompanied by or under the immediate charge of his parent or guardian or an adult person authorized by his parent or guardian to have control or custody of the child, any firearm of any kind for hunting or target practice or for other purposes...
2. A person who aids or knowingly permits a child to violate subsection 1:
 - (a) Except as otherwise provided in paragraph (b), for the first offense, is guilty of a misdemeanor.

Since we may be using (UNDER STRICT ADULT SUPERVISION) any of the following: Air rifle, BB gun, Black powder rifle (only for those who pass the certified course):

I give my permission for _____ (Outpost _____) to use a firearm as described above and ONLY FOR TARGET PRACTICE.

Signed: _____ Date: _____

NEVADA REVISED STATUTE 202.300:

(A COPY OF THIS PERMISSION SLIP MUST BE ON PERSON AT THE TIME OF THE EVENT!)

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 - (a) Except as otherwise provided in paragraph (b), for the first offense, is guilty of a misdemeanor.

Since we may be using (UNDER STRICT ADULT SUPERVISION) any of the following: Air rifle, BB gun, Black powder rifle (only for those who pass the certified course):

I give my permission for _____ (Outpost _____) to use a firearm as described above and ONLY FOR TARGET PRACTICE.

Signed: _____ Date: _____

Model Release Agreement



I, the undersigned, as parent or legal guardian of the below named minor do hereby acknowledge my understanding that photos, videos, and/or audio footage may be taken during the below named Royal Rangers event which may include images of my child. I understand that these images may be found in future publications, promotional material, or other related purposes. Any personal information about my child will be limited to the outlines set in the Model Release & Authorization Policy.

I hereby give the Southern Nevada Section Royal Rangers, the irrevocable right to use these images in any media form, including composite or distorted representations, for advertising, trade, or any other lawful purpose. I further waive any right to inspect or approve the finished product, including written copy, created in connection with these images.

Name of Child/Youth (please print): _____

Home Address: _____

Name of Parent/Guardian (please print): _____

Signature or Parent/Guardian: _____ Date: _____

Royal Ranger Event: **2011 Southern Nevada Section Camporee**

Event Dates: **July 7-11, 2011**

Event Location: **Spencer W. Kimball Scout Reservation, Mt. Potosi, NV**

Pastor's Certification

Why backgrounds check and pastor's certification?

Our children are under attack. Therefore, we must take extraordinary steps to protect them from abuse. Our is not to eliminate parent involvement in outings, but rather to provide the safest environment possible by requiring background checks on all adults attending.

Because of the large number of applicants, it is impossible to check references on every applicant. As a result, great reliance is placed on the representative of each applicant's pastor to insure the applicant's suitability for working with minors.

PLEASE CLEARLY PRINT THE FOLLOWING INFORMATION

I have been personally acquainted with _____ for
(Name)
approximately _____.
(6 month minimum)

Check one:

- _____ He/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any questions concerning his or her suitability for working with minors in any activity.
- _____ He/she is not currently working with our children's program but is a parent or legal guardian of a child in attendance.

I either case, we have run a criminal background check on the applicant and find no reason that he/she would not be suitable for attending the Royal Ranger event.

The date the criminal background check was completed was _____

The company used was _____

The applicant's history was: Clear showed criminal background
*If criminal background was shown please provide an explanation.

Senior Pastor's name (please print)

Church and city

Senior Pastor's signature

Date



**NORTHERN CALIFORNIA DISTRICT COUNCIL
of the ASSEMBLIES OF GOD**
6051 South Watt Ave, Sacramento, CA 95829

**DEPARTMENT GROUP
INSURANCE VERIFICATION FORM**

Name of Church

City

Name of Group

Activity

Name of Director

Director's Phone

Name of Insurance Company

Policy Date

Amount of Medical Expense for
accident including sports.

Policy Date

Are Premiums paid?

Other comments or notes: _____

DISTRICT USE ONLY

1. Verified as stated above. _____

2. Date of phone call. _____

3. Who talked to. _____

Outpost Statement Agreement

(Signature required by each adult)



I have read and agree to help the boys follow the camp rules as outlined in the Camporee Book so they can have the best time ever.

CHURCH NAME _____ OUTPOST # _____

NAME OF ADULT (Print)	RK/DR/AR/ER GROUP or Dad	SIGNATURE
1.		
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