

**New York Ministry Network
Royal Rangers**



GUEST / VISITORS

MINOR

*To be completed for all minors of Non - Chartered Outposts / Churches
or
non-Royal Rangers, under age 18*

As parent/guardian, (*print*) _____

I hereby give permission for my child, (*print*) _____

to attend the New York Ministry Network - Royal Rangers, (FCF) Frontiersman Camping Fellowship
Event: _____ on Date: _____

held at the Royal Rangers Camp, 1106 County Road 9 (Page Brook Road), Greene, NY 13778. His attendance at
this event is that of a guest as he is not a Royal Ranger, nor is he registered with the New York Ministry Network
Assembly of God Royal Rangers or with his local Church Outpost. He may participate in all scheduled events,
unless otherwise indicated by me on this form, or if so determined by the discretion of a responsible leader.

I further acknowledge that a 'Medical Release' form is accompanying this authorization and is also on file with

Church Name and Address: _____

Name - Signature: _____

Name – Print: _____

Address: _____

Dated: ____/____/____

New York Ministry Network
Royal Rangers



GUEST / VISITORS

ADULT

To be completed for all adults of Non - Chartered Outposts / Churches
non-Royal Ranger Leader

or

Leaders without current 'Staff Applications' on file with the NYMN

I, (print) _____, understand and agree that my attendance at the New York Ministry Network – Royal Rangers, (FCF) Frontiersman Camping Fellowship Event: _____ on Date: _____ held at the Royal Rangers Camp, 1106 County Road 9 (Page Brook Road), Greene, New York 13778. is solely that of a guest. I am not a Royal Ranger Leader and do not have a current Staff Application on file with the New York Ministry Network Assembly of God - Royal Rangers.

I willingly and of my own free will agree to the following:

1. I am not present as, nor will I, participate in any leadership capacity;
2. I will not be involved in any activity other than in the capacity of an observer;
3. I will comply with all rules, regulations, and schedules established by the activities leader(s);
4. I will not interfere with my child's compliance, with the rules, regulations, schedule or his participation in events/activities;
5. I agree not to accompany a child or group of children alone, unless the child/children are solely my own; and
6. I understand that I am responsible for the health, safety, and welfare of my son(s) while at this event.

Name - Signature: _____

Name – Print: _____

Address: _____

Dated: ____/____/____

Great reliance is placed by the New York Ministry Network Royal Rangers on the pastor's representation of the individual referenced herein. As such, the **SENIOR PASTOR** must complete the following certification:

Check all that apply (✓)

- I am personally acquainted with this individual
- He is not a member of the church, but attends regularly * see note below
- He is a member of good standing in my church
- He currently serves in the church in other ministry capacities

* If the adult guest **is not** a member of the church, then a criminal and sex offense background check is required within the past six months to verify certification permitting this individual to attend the event.

(<https://www.protectmyministry.com/> an acceptable and affordable background check organization that can be used to verify an individual.)

"This individual in my opinion and to the best of my knowledge, is competent and qualified to interact with minors of any age. I know of no facts or allegations that raise any question concerning his suitability for attending this event where minors are present. I therefore recommend, without reservation, the above-named individual to attend this event."

If you further require to verify the above statement and information by telephone, I can be reached at the following number:
() - during the day () - during the evening

Church Name and Address: _____

Pastor's Signature: _____

Print Name: _____

Date: ____/____/____

New York Ministry Network
Royal Rangers



Permission Slip

(To be completed for all chartered Royal Rangers, minors under age 18)

I hereby authorize _____ (My child or ward) to accompany the Royal Rangers to the New York Ministry Network – Royal Rangers, (FCF) Frontiersman Camping Fellowship Event: _____ on Date: _____ held at the Royal Rangers Camp, 1106 County Road 9 (Page Brook Road), Greene, New York 13778.

I understand the arrangements and feel adequate preparations for the safety of my child or ward have been and will continue to be taken. I will not hold the local church or its leaders, or the staff, or the New York Ministry Network of the Assemblies of God responsible for any accidents. I understand insurance will be provided for the NYMN and that there will be an emergency First Aid Station on location.

I further acknowledge that a 'Medical Release' form is accompanying this authorization and is also on file with

Outpost # and Church Name

Parent /Guardian Signature: _____

Print Name: _____

Relationship to minor: _____

Dated: ____/____/____

Medical Release/Treatment Authorization, Certification and Parental Consent

for child's necessary or unexpected or emergency medical and dental health or hospital services.

Name of Child / Minor: _____

This consent and authorization is valid for the above-named minor during the event period of *(list all dates)* _____ I, the undersigned, being the parent and legal guardian of the child named herein, do hereby further consent to the participation of my child and certify that he is physically fit to engage in all of the regularly scheduled and any other activities customarily associated with this Royal Ranger's, including but not limited to various outdoor activities and sporting events except as noted below:

This document shall be presented to a physician, dentist or appropriate hospital representative.

I hereby understand that I will be notified in the case of a medical emergency involving my child and authorize the Royal Ranger's or any person or agency acting as agent of the Royal Rangers and give my consent for necessary or unexpected or emergency medical or dental health and/or hospital services for the care of my child. However, in the event I cannot be reached, I authorize the calling of a doctor and providing of necessary medical services in the event my child becomes ill. I authorize any one or more of the following persons to make emergency medical care decisions on my behalf of my child, if required by law or a medical health care provider. I understand that the Church, nor Royal Rangers will not be responsible for medical expenses incurred solely on the basis of this authorization.

It is further understood that the Royal Rangers will contact the parent / guardian immediately to inform them of the child's condition and of all emergency or expected medical, dental, health or hospital services. If it is possible and will not cause any deterioration or worsening of undue risk or pain to my child, all surgical proceeding shall be at notice to me.

I agree to notify the church in the event of any changes that would restrict my child's participation in any normal Royal Ranger activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

General Information *(please print)*

Child's Name _____ Date of Birth ____/____/____

Father's / Mother's or Guardian's Name: _____

Child's Address _____

Home Telephone () _____ Alternate Emergency Tel. No. () _____

Family Doctor _____ Doctor's Telephone () _____

Insurance Company / Hospitalization Covering Child _____

Policy Number _____

Medical Questionnaire

The following information will help to expedite care if required:

Past Health Problems: _____

Allergies (include allergies to drugs): _____

Current Medications: _____

Date of Last Tetanus Immunization: ____/____/____

Signature of Parent\Guardian: _____ Relationship: _____

Printed Name of Parent\Guardian: _____ Date: ____/____/____