

PARTICIPANT AGREEMENT & MEDICAL RECORD 22-23

Please Complete One Form For Each Royal Rangers

PARTICIPANT'S NAME: _____ Age: _____ Date of Birth: _____ Denomination: _____ Ranger District: _____ Outpost: 292

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
		<i>Abdominal/digestive problems</i>
		<i>Asthma/breathing problems</i>
		<i>Behavioral/neurological disorders</i>
		<i>Bleeding disorders</i>
		<i>Ear/sinus problems</i>
		<i>Excessive fatigue</i>

Y	N	Condition
		<i>Fainting spells</i>
		<i>Kidney disease</i>
		<i>Thyroid disease</i>
		<i>Heart disease, heart attack, heart murmur</i>
		<i>Hypertension(high blood pressure)</i>
		<i>Stroke</i>

Y	N	Condition
		<i>Lung/respiratory disease</i>
		<i>Muscular/skeletal condition</i>
		<i>Sleep disorders</i>
		<i>Sickle cell disease</i>
		<i>Seizures</i>

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	
		<i>Td/TDAP – Tetanus, diphtheria, pertussis</i>				
		<i>MMR – Measles, Mumps, Rubella</i>				

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: _____

Your signature is required to attend and participate in the activities at Royal Rangers during the dates of September 1st 2022 and August 31st 2023. The legal signature below also gives permission to administer medical attention in the event of a medical emergency. I understand that participation in Royal Ranger activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved to participate in all Royal Ranger activities I verify that the information this registration packet is true and to the best of my knowledge. 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, The Wesleyan Council, Fellowship Wesleyan Church and 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, I authorize the use of emergency medical care at the discretion of the leadership at this event. It is further understood that acceptance of these terms is a condition of my participation in Royal Rangers. I hereby authorize Royal Rangers, Fellowship Wesleyan Church, or any person or agency acting as the agent of Royal Rangers, and give my consent for necessary or unexpected or emergency medical or dental health and/or hospital services for my care. This consent and authorization is valid for the above named person during the period named above.

I also give permission for my son to ride to and from Royal Rangers events if with approved and Nationally Chartered Royal Ranger leaders if necessary.

Please provide a current Dr's Physical form by October 5th, 2022.

A printed copy of this agreement will be made available upon request.

Parent Signature

Date