

2007 Plainsmen Territorial Registration

Must be postmarked no later than July 2, 2007

Last Name: _____ First Name: _____

Street or PO Box: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Email Address: _____

May we Email your confirmation? Yes No

Church You Attend: _____

District: _____ Outpost #: _____

FCF Name: _____

FCF Level: Frontiersman Buckskin Wilderness

Will you buy an event T-shirt at the event? If so, what size _____



Knife and Black Powder Permission

I am the parent or guardian of _____ who is a member of the Royal Rangers Program. I give him permission to sell, trade, give, receive, or barter and have in his possession during any FCF event, any knife or black powder firearm as is appropriate for this type of historical reenactment activity.

Please consider this document as written consent for my son to participate in any of the Frontiersman Camping Fellowship activities which include black powder loading and shooting, knife and hawk throwing, flint and steel - fire starting, frontiersmen crafts and workshop classes, and any other activities conducted.

I will hold harmless any and all leaders or officers of any unforeseen accidents, even though great care for safety is always taken.

Signature of parent or guardian

Date

If you do not want your son participating in any of the above activities please list:

Signature of parent or guardian

Date

If you are under the age of 18, you must have this form signed by your parent or guardian in order to participate in the above mentioned activities at the Rendezvous.

Pre-Registration Fee:

Old-Timer = \$40.00 (\$45.00 onsite registration) Young Buck = \$20.00 (\$25.00 onsite registration)

Check Number: _____ (Make checks payable to SCR Royal Rangers)

MasterCard Visa Card #: _____ Expiration Date: _____

Name on Credit Card (please print): _____

I Authorize SCR to charge my credit card: Yes Signature: _____

MAIL REGISTRATION FORM AND PAYMENT TO:

Ted Schmidt

5900 Avenida La Barranca NW

Albuquerque, New Mexico 87114

505-890-5464 - trschmidt@comcast.net

Applicant's Name _____ District _____

In case of emergency please notify:	Insurance Information
Name _____	_____
Daytime contact phone number _____	Health Insurance Company's Name _____
Evening contact phone number _____	Policy Number _____
Health Insurance Company's Phone Number _____	Certificate Number _____
	Effective Date of Coverage _____

GENERAL INFORMATION: HEALTH HISTORY To be completed by the applicant (if 18 or older) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant experienced the following? Check either "Y" for Yes or "N" for No. If "Yes" explain under "Remarks and medical facts."

A complete health history must be completed by each applicant for participation at the 2007 Plainsmen Territorial Rendezvous.

Minors (under age 18) must have a parent or guardian's signature verifying the health history information.

The Regional Royal Rangers office has the prerogative to accept or reject any person based upon his medical health.

- | | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <u>Sinus condition</u> <input type="checkbox"/> Y <input type="checkbox"/> N | <u>Skin infection</u> <input type="checkbox"/> Y <input type="checkbox"/> N | Exposed to infectious: |
| <u>Ear problem</u> <input type="checkbox"/> Y <input type="checkbox"/> N | <u>Hearing difficulty</u> <input type="checkbox"/> Y <input type="checkbox"/> N | Disease past 3 weeks <input type="checkbox"/> Y <input type="checkbox"/> N |
| <u>Lung problem</u> <input type="checkbox"/> Y <input type="checkbox"/> N | <u>Bad eyesight</u> <input type="checkbox"/> Y <input type="checkbox"/> N | Hepatitis past 6 months <input type="checkbox"/> Y <input type="checkbox"/> N |
| <u>Heart trouble</u> <input type="checkbox"/> Y <input type="checkbox"/> N | <u>Wear contact lenses?</u> <input type="checkbox"/> Y <input type="checkbox"/> N | Any disorder preventing strenuous activity <input type="checkbox"/> Y <input type="checkbox"/> N |
| <u>High blood pressure</u> <input type="checkbox"/> Y <input type="checkbox"/> N | Any medical care in past year? <input type="checkbox"/> Y <input type="checkbox"/> N | Taking prescription medicine? <input type="checkbox"/> Y <input type="checkbox"/> N |
| <u>Allergy-Asthma</u> <input type="checkbox"/> Y <input type="checkbox"/> N | Any surgery in past year? <input type="checkbox"/> Y <input type="checkbox"/> N | Any reaction to drugs or medicine of any type? <input type="checkbox"/> Y <input type="checkbox"/> N |
| <u>Fainting or dizzy spells</u> <input type="checkbox"/> Y <input type="checkbox"/> N | <u>Special diet required?</u> <input type="checkbox"/> Y <input type="checkbox"/> N | |
| <u>Diabetes</u> <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| <u>Appendix removed</u> <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| <u>Shortness of breath</u> <input type="checkbox"/> Y <input type="checkbox"/> N | | |

Give the date of your latest tetanus shot or booster: ____ / ____ / ____

Birth Date: ____ / ____ / ____

Height: _____

Weight: _____

Food or drug allergies: _____

I am currently taking the following medications: _____

Remarks and medical facts: _____

Additional remarks: _____

Adult (18+) Pastor's Certification for 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 applicant's youth workers screening form. **Adult leaders are considered 18 years of age or older.**

Pastor's Signature _____ Date _____

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend the 2007 Plainsmen Territorial Rendezvous at Davis Willow, NM, July 18-22, 2007. The parent's or legal guardian's signature below indicates: Permission to administer medical attention to the minor in the event of a medical emergency and verifies the applicant is or will be a member of the Frontiersmen Camping Fellowship prior to July 18, 2007.

Print complete name of minor _____

Parent/legal guardian signature _____ Date _____

Adult Applicant's Signature: My signature acknowledges that I have truthfully abided by the requirements as stated on this Application form. My signature verifies I am age 18 or older by July 18, 2007, and that I have received my pastor's signature as stated on this Application form. My signature also indicates my permission for emergency medical treatment should the need arise while at Rendezvous or while traveling to or from the Rendezvous site.

Applicant's Signature _____ Date _____