

Mississippi District Royal Rangers Pow Wow 2024

Individual Application – Both Leaders & Boys

June 7 – 9, 2024 at Ranger Trails Camp in Terry, MS

Name: _____ T-Shirt Size: _____ Age: _____

Address: _____ Church: _____

City: _____ State: _____ Zip: _____ Outpost No: _____

Home Phone: _____ Commander's Name: _____

Person to contact in case of an emergency: _____

Home Phone: _____ Work Phone: _____

Check the appropriate boxes if you have ever been treated for any of the following:

- | | | | |
|--|------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizures | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fainting or Dizzy Spells | |

If you checked any of the above boxes, please provide additional information of each:

Do you wear (check all that applies)?

- | | | | |
|-----------------------------------|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Glasses | <input type="checkbox"/> Dental Appliances | <input type="checkbox"/> Hearing Aid |
|-----------------------------------|----------------------------------|--|--------------------------------------|

Immunizations History:

When is the last time you have had a tetanus shot?

Have you been inoculated or vaccinated for the following (check all that apply)?

- | | | | | |
|-------------------------------------|----------------------------------|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Typhoid | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Polio | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Mumps | |

List any medications you are currently taking on the back of this application:

Insurance Information:

Insurance Company: _____ Policy or Certificate Number: _____

Name of Insured: _____ Employer Group Number: _____

Employer: _____

List any other physical impairments or limitations on back of this page: _____

Signatures

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend the 2024 Mississippi District Pow Wow at Ranger Trails Camp, in Terry, MS on June 7 – 9, 2024. 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; verifies the applicant has completed 3rd grade or higher before June 1, 2024.

Parent/Guardian Signature Date

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