

Mississippi District Royal Rangers Pow Wow 2024

# Individual Application – Both Leaders & Boys

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

Name: \_\_\_\_\_ 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