

Individual Application – Both Leaders & Boys

June 6 – 8, 2025 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 _____

Hold Harmless and Indemnity Agreement

State of Mississippi
County of Hinds

Whereas, Mississippi District Royal Rangers and Mississippi District Council Assemblies of God are nonprofit corporations existing by virtue of the laws of the State of Mississippi, and

Whereas, the said Mississippi District Royal Rangers or Mississippi District Council Assemblies of God, is the owner of certain real property located in HINDS County, Mississippi, on which premises there is located a retreat or area for members of the public to utilize as a camping or retreat area, and

Whereas, it is the desire of those who use said premises to hold harmless Mississippi District Royal Rangers and Mississippi District Council Assemblies of God, allowing the undersigned to use said premises as a retreat, camping area, or rest area.

NOW THEREFORE, in consideration of the premises, the mutual promises, covenants and conditions as herein enumerated, the undersigned does hereby covenant, agree and bind itself, its heirs, assigns, personal representatives and successors to save and harmless Mississippi District Royal Rangers and Mississippi District Council Assemblies of God, from and on account of any liability arising out of the use of any real property, either leased or owned by Mississippi District Royal Rangers and Mississippi District Council Assemblies of God, for any act, negligent or otherwise, or any injury occasioned by the undersigned or by any members of the undersigned's family or participating group, without limitations whatever.

The undersigned covenants and agree that an inspection has been made of the premises by the undersigned and that the premises owned by the said Mississippi District Royal Rangers and Mississippi District Council Assemblies of God are reasonably safe, fit and proper for use intended.

If in the event any lawsuit is brought by the said undersigned or any member of the undersigned's family or group in which they may be jointly participating in any occupation of the premises, then in said event the undersigned will indemnify, save and hold harmless Mississippi District Royal Rangers and Mississippi District Council Assemblies of God, for any expenses of any kind whatever, including but not limited to any judgment which might be rendered against the said Mississippi District Royal Rangers and Mississippi District Council Assemblies of God, together with attorney's fees, court costs or expenses of litigation.

WITNESS THE EXECUTION HEREOF, on this the _____ day of _____, A.D. 20_____.

Royal Rangers Participant Name: _____

Signature: _____
(Parent or Guardian if participant is under age 18)

Phone: _____