

# *FAMILY DAY CAMP: SEPTEMBER 9TH*



## **Bouncy's may vary at the camp**

Awesome Gospel Message

The Gospel is interwoven throughout the event to give the children a clear understanding of what Jesus did.

We have put together a great fun filled day for the small children, (Boys and Girls grades K-2nd) to be held on the second day of Pow-Wow this year. September 9th, 2018. We have gone to great detail to present this day, (morning) for this age group. Please talk with your Pastor and Children's' Pastor for support in attendance.

- 1 } WHERE:** ROTARY SCOUT RESERVATION
- 2 } COST:** \$35.00 EACH PERSON, INCLUDES MEAL
- 3 } STARTING TIME:** REGISTRATION 8:00- 9:00 A.M.  
ACTIVITIES ENDS AT 4:00 P.M.
- 4 } EVENTS:** TO MANY ACTIVITIES TO LIST HERE
- 5 } AFTER LUNCH:** WE HAVE MORE ACTIVITIES.  
ALL THE CAMP IS OPEN

## ***FOR YOUR KIDS AND YOU!***

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***The Family Day Camp is being brought to you in conjunction with our annual Pow-Wow, at our 232 acres' camp in Temple hill Kentucky outside Glasgow.***

***For pre-registration go to [www.kyroyalrangers.org](http://www.kyroyalrangers.org) download and mail only the registration form with money. Mail to Royal Rangers @ 2005 Massie School road LaGrange, Ky. 40031. Bring all other forms with you to event.***

# Preregistration Form

For Office Use Only
Postmarked:
Paid:
Balanced Due:

Section \_\_\_\_\_ Outpost # \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_  
 Church Name \_\_\_\_\_  
 Church Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

First Time @ Family Camp Yes  No   
 Day: \_\_\_\_\_

## Numbers pre-registering:

<b>Leaders</b>	# _____	X \$35.00 = \$ _____
<b>Fathers and Mothers</b>	# _____	X \$35.00 = \$ _____
<b>Boys and Girls</b>	# _____	X \$35.00 = \$ _____
<b>Grand Totals</b>	# _____	X \$35.00 = \$ _____

**T-Shirt Sizes Men**  
 Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Lrg \_\_\_\_\_ XX-Lrg \_\_\_\_\_ XXX-Lrg \_\_\_\_\_

**T-Shirt Sizes Youth**  
 Medium \_\_\_\_\_ Large \_\_\_\_\_

All t-shirts are \$10.00 X \_\_\_\_\_ = \$ \_\_\_\_\_

*For the outpost not pre-registered by August 27: T-shirts will cost \$15.00 each at Snack Bar if available.*

**Upon arrival, check in with Registration to verify your numbers receive campsite location and up to date information.**

Please make check payable to **Kentucky District Royal Rangers**. Check for \$35.00 per person must accompany the pre-registration form and **MUST** be post-marked, by **August 27** to be credited for pre-registration and receive your T-shirts you will need to fill out that form and mail that money as well. No t-shirt can be ordered after this date Bring Completed Registration form and copies of all permission forms, release forms, and pastors' approval for dads and leaders to Family Day Camp. You must present these at registration for each person; this is a must to attend Family Day Camp.

Registration mailing only to:  
**Gilbert Kerby 2005 Massie School Road, LaGrange, Kentucky 40031.**

# Permission Form for Boys

\_\_\_\_\_ (Boy's or Girl's name has my permission to participate in all activities at the Kentucky District Family Day Camp and Pow-Wow.

YES  NO  If no, please inform his commander *in writing* as to which Events he shall not be a part of.

If emergency service involving medical action or treatment is required and neither the parent nor family physician can be contacted for consent, I hereby consent to the rendering of emergency medical treatment deemed appropriate in the opinion of the doctor rendering such services.

Name of Parent or Legal Guardian \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**In Case of Emergency Notify:** Alternate Contact - Must be different from above.

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

The following insurance information is not required but may be helpful.  
Your Health and/or Accident Insurance Company

Name of Company \_\_\_\_\_  
Policy #: \_\_\_\_\_

**This form must be completed and turned in to Registration upon arrival. Do not mail this form with pre-registration form.** It will be returned to the outpost leaders when you depart camp.

**Each boy or girl must have this form completed to attend Family Day Camp**

# Medical Record

This medical record must be completed for each and every one attending Family Day Camp and POW-WOW (**Adults, boys and girls**). It should be **turned in upon arrival at Family Day Camp to Registration** along with the permission slips and adult screening forms. This should also accompany each father screening form.

Check one

Name \_\_\_\_\_  Boy  Girl  Adult

Outpost # \_\_\_\_\_ Church Name \_\_\_\_\_

Answer Yes or No to the following. Explain all Yes answers under Remarks below.

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| 1. _____ Sinus condition          | 8. _____ Shortness of breath         |
| 2. _____ Ear problems             | 9. _____ Skin infection              |
| 3. _____ Lung problems            | 10. _____ Hearing difficulty         |
| 4. _____ High blood pressure      | 11. _____ Bad eyesight               |
| 5. _____ Allergy or asthma        | 12. _____ Wear contact lenses        |
| 6. _____ Heart problems           | 13. _____ Any medical care this year |
| 7. _____ Fainting or dizzy spells | 14. _____ Any surgery this year      |

15. \_\_\_\_\_ Have you been exposed to any disease in the last three weeks?  
16. \_\_\_\_\_ Have you been exposed to hepatitis in the past 6 months?  
17. \_\_\_\_\_ Do you have any disorder preventing strenuous activity?  
18. \_\_\_\_\_ Are you taking any prescription medication?  
19. \_\_\_\_\_ Any known reactions to drugs or medication of any type?

Are you up-to-date for inoculations and/or vaccinations for: Yes or No for each

_____ Tetanus	_____ Small pox	_____ Measles
_____ Typhoid	_____ Diphtheria	_____ Polio

**REMARKS:** Begin with the Item #, then comment. Example: #11- Eyeglasses required.

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I understand that the Royal Rangers Ministry, staff, leaders, and volunteers will not be responsible for any medical expenses incurred, but such expense will be my responsibility as parent / legal guardian.

Print name of Parent / Legal Guardian \_\_\_\_\_

Signature of Parent / Legal Guardian \_\_\_\_\_

# Kentucky District Photograph Release Form

**Turn in upon arrival at registration**

I hereby authorize Kentucky District Royal Rangers, here after referred to as “Kentucky District Royal Rangers,” to publish photographs taken on days of the event of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Kentucky District Royal Rangers’ print, online and video-based marketing materials, as well as other Kentucky District Royal Ranger publications.

I hereby release and hold harmless Kentucky District Royal Rangers from any reasonable expectation of privacy or confidentiality for me and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Kentucky District Royal Rangers to use their likenesses and names.

I further acknowledge that participation is voluntary and that I, the minor child, or minor children will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Royal Ranger marketing materials or other Royal Ranger publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Kentucky District Royal Rangers, its contractors, its employees and any third parties involved in the creation or publication of Kentucky District Royal Ranger publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

**Authorization:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

**Names and Ages of Minor Children:**

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

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

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

Add additional names to back of page.

# Adult Screening Form

In recent years, churches have been sued because of child abuse or molestation occurring in church youth or children's programs. In most of these cases, the plaintiffs allege one or both of the following:

1. **The church was negligent in hiring the molester to work with minors (i.e. the church hired and/or used volunteers without any screening or evaluation).**
2. **The church was negligent in supervising the individual.**

Completion and submission of this screening form meets one of the requirements that show the Kentucky District Royal Rangers is screening adult leaders who will be attending POW-WOW. It will be used to help provide a safe and secure environment for those boys who participate in our program and use Kentucky District facilities.

This form is to be completed and **turned in upon arrival at Registration** by all adults eighteen (18) years old or older, for any position involved in the supervision of boys at the Kentucky District Family Day Camp and POW-WOW.

Adults Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Church Name \_\_\_\_\_ Outpost # \_\_\_\_\_  
If a commander – number of years in Royal Rangers \_\_\_\_\_

Briefly Explain Your Church Involvement's:

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**Recommendation of Pastor:** I, Pastor of the above named church, do hereby recommend and approve the above named leader/adult to attend the Kentucky District Family Day Camp and POW-WOW (only) and supervise the boys from my church. I certify that he has been screened by my church and is an approved youth/children's worker/minister or an approved father/legal guardian.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone number: \_\_\_\_\_

**This completed form is a requirement for adults (18+) to attend Family Day Camp and POW-WOW.**

## Driving Directions to Rotary Scout Reservation: Glasgow, KY

### From Louisville:

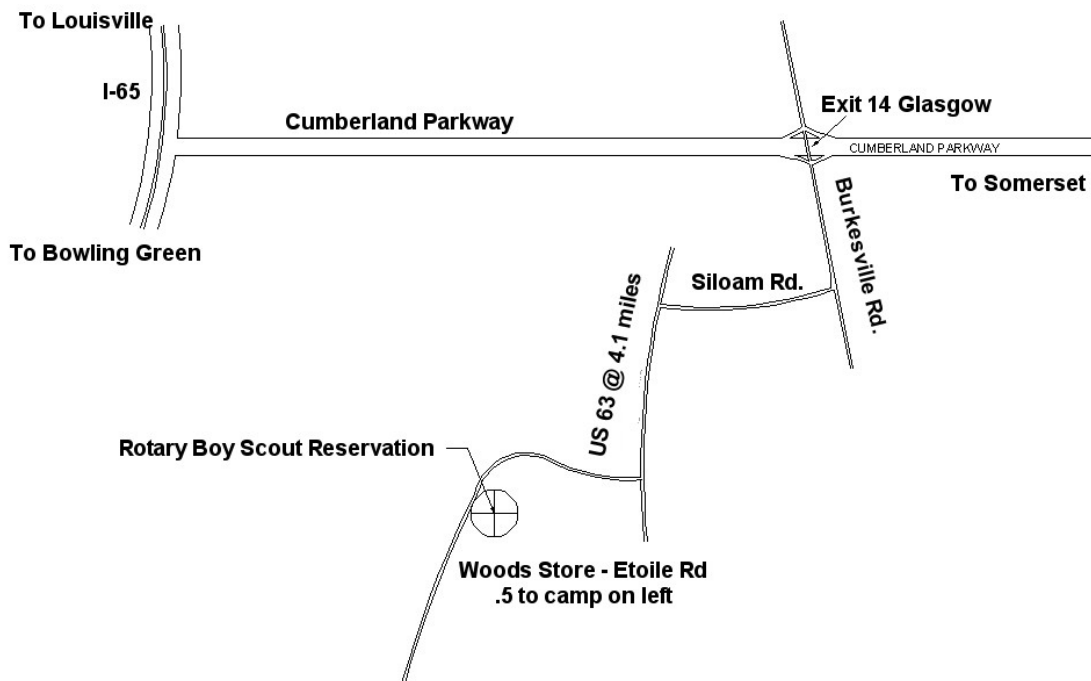
Go South on I-65. Exit onto Cumberland Parkway.  
Use exit 14 (the second Glasgow exit)  
Take a right off the off ramp onto Burkesville Rd.  
Turn right off of Burkesville Rd. onto Siloam Rd.  
At the end Siloam Rd., take a left onto US 63.  
Turn Right off of US 63 (4.1 miles) onto Woods Store-Etoile Rd.  
Go .5 miles on Woods Store-Etoile Rd. to camp entrance on the left.

### From Bowling Green:

Go North on I-65. Exit onto Cumberland Parkway.  
Use exit 14 (the second Glasgow exit)  
Take a right off the off ramp onto Burkesville Rd.  
Turn right off of Burkesville Rd. onto Siloam Rd.  
At the end Siloam Rd., take a left onto US 63.  
Turn Right off of US 63 (4.1 miles) onto Woods Store-Etoile Rd.  
Go .5 miles on Woods Store-Etoile Rd. to camp entrance on the left.

### From Somerset:

Go West on the Cumberland Parkway to exit 14 (first Glasgow exit)  
Take a left off the off ramp onto Burkesville Rd.  
Turn right off of Burkesville Rd. onto Siloam Rd.  
At the end Siloam Rd., take a left onto US 63.  
Turn Right off of US 63 (4.1 miles) onto Woods Store-Etoile Rd.  
Go .5 miles on Woods Store-Etoile Rd. to camp entrance on the left



# 2018 Kentucky Royal Rangers

## Event Follow-up Profile

<b>Date</b>	
<b>Event</b>	

Personal Information		
<b>Name</b>		
<b>Age</b>		
<b>Address</b>		
<b>City, State, Zip</b>		
<b>Telephone Number</b>		
<b>Outpost #</b>		
<b>Commander</b>		

<b>Church</b>	
<b>Pastor</b>	

What did God do for you? (Check all that apply)	
<input type="checkbox"/>	<b>I received Jesus in my heart for the first time.</b>
<input type="checkbox"/>	<b>I rededicated my life to Jesus.</b>
<input type="checkbox"/>	<b>I received the Baptism in the Holy Spirit with the evidence of speaking in tongues.</b>
<input type="checkbox"/>	<b>I received a physical healing.</b>
<input type="checkbox"/>	<b>I received a specific answer to prayer.</b>
<input type="checkbox"/>	<b>I received a call to full time ministry.</b>

Additional comments, testimony or prayer request:

Return to:
<b>Registration Area</b>
<p><b>Do not leave until your area has been inspected and receive an All Clear Form!!!</b>  <b>You will not receive your Pow – Wow patches at checkout until the following form is turned in.</b></p>
<p><b>(1) Turn in your: <u>“All Clear Form”</u></b></p>