



FALL TRACE REGISTRATION
October 11-13, 2019
Rotary Scout Reservation: Glasgow, KY

Postmarked by: September 21

Young Buck = **\$10.00** each
Old Timers = **\$15.00** each
Guest Young Buck = **\$5.00** each
Guest Old Timers = **\$10.00** each

Postmarked by: September 28

Young Buck = **\$12.50** each
Old Timers = **\$17.50** each
Guest Young Buck = **\$7.50** each
Guest Old Timers = **\$12.50** each

Postmarked by: October 1

Young Buck = **\$15.00** each
Old Timers = **\$20.00** each
Guest Young Buck = **\$10.00** each
Guest Old Timers = **\$15.00** each

FCF Members registered before the second registration deadline (September 27) will have their names placed in a drawing for a "Kentucky Long Rifle Pocket Knife". In addition, your name will also be put into the drawing for each guest you bring. Any FCF Young buck must have a signed permission slip from his parent or guardian to receive this gift (permission slip is enclosed). Seneca run, old timers and young bucks participating together. There will be knife and hawk, flint and steel, and outfit competitions. Black powder will be included in the Seneca Run.

Personal Information (Please print Clearly)

Last Name Middle Initial First Name

Mailing Address (Street or F.F.D.)

City State Zip code

Email Address (if available)

FCF Frontiersmen Buckskin Wilderness

Guest Of: _____

FCF Young Buck (under 18)
 FCF Old Timer (18+ older)
 FCF Guest (under 18)
 FCF Guest (18+ older)

Area Code Home Phone Number

Area Code Work Phone Number

Area Code Cell # (if available)

Church Information

Church Name

Church Address

City State Zip Code

Email Address (if available)

District (Abbreviate) Outpost

Area Code Church Phone

Area Code Church Fax

Craft & Project:

We will be offering those who wish to make a medicine pouch the opportunity. All materials will be furnished and the cost will be \$6.00. Please indicate the number that will participate.

Number of pouches = _____ X \$6.00 = _____

Method of payment: Payment must accompany all applications for registration to be processed.

Check Enclosed: Checks must be written to: Kentucky District Royal Rangers/FCF

Mail To: Jess Craig, 380 Northwood Dr. , Lexington, Ky. 40505 **GRAND TOTAL**

\$ _____

Permission Form for Boys

Turn in upon arrival

_____ (boys name) **is a Royal Ranger of proper age**
and has my permission to participate in all activities at the Kentucky District Event.
He also has my permission to receive any prize he wins at the event. (pocket knife)

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 Notification: 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 registration form. It will be returned to the outpost leaders when you depart camp.

Each boy must be a *Royal Ranger of proper age* and have this form completed to attend the Kentucky District Event.

Personal Medical Record

Insurance Information

Applicant's Full Name

Health Insurance Company's Name

In case of emergency please notify:

Last Name (please print)

First Name

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Policy Number

Certificate Number

Effective date of coverage

Health Insurance Company's Phone Number

Daytime Contact Phone Number

Evening Contact Phone Number

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General Information:

A Personal Medical Record must be completed by each applicant for participation. Records for minors (under age 18) must include a parent or guardian's signature. Royal Rangers office reserves the right to accept or reject any person based upon his medical health.

Food or drug allergies _____

I am currently taking the following medications _____

Remarks and medical facts: _____

Special dietary _____

Activity Restrictions _____

Health History To be completed by the applicant (if over 18) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant experienced the following? Check "Yes" or "No."

Sinus condition	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Shortness of breath	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Exposed to infectious:						
Ear problem	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Skin infection	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Disease past 3 weeks	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
Lung problem	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Hearing difficulty	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Hepatitis past 6 months	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
Heart trouble	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Bad eyesight	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Any disorder preventing strenuous activity?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
High blood	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Wear contact lenses	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Taking prescription medicine?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
Allergy-Asthma	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Any medical care in the past year?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Any reaction to drugs or medicine or any type?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
Fainting or dizzy	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Any surgery within past year?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Special diet required?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
Diabetes	<input type="checkbox"/>	yes	<input type="checkbox"/>	no												
Appendix	<input type="checkbox"/>	yes	<input type="checkbox"/>	no												

Give latest date of inoculation or vaccination against following:

	Date		Date
Tetanus		Small Pox	
Measles		Typhoid	
Diphtheria		Polio	

Birth Date	Height	Weight

Parent/Guardian's Name (Please Print)

Parent / Guardian's Address

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Parent/Guardian's Area Code and Phone Number

City State Zip

Parent/Legal Guardian Consent & Model Release (Required for all applicants under 18 years of age) I, the undersigned, as parent or legal guardian of the above named minor do hereby consent to his participation in this event and authorize the use of emergency medical care at the discretion of the adult event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of my child in any form and relinquish all rights of ownership or compensation. It is further understood that acceptance of these terms is a condition of my child's participation in this event.

Print Complete Name of Minor _____ ✕ Parent/Legal Guardian Signature _____ Date _____

Pastor's Certification (Required for all applicants 18 years of age or older) I, the undersigned, as Pastor of the above named adult participant do hereby acknowledge that the individual has been properly screened and approved for children or youth work in our church and provide my unqualified endorsement to his/her participation in this event.

✕ _____ Pastor's Signature _____ Date _____

Applicant's Signature (Required for all applicants) I, the undersigned, hereby acknowledge that to the best of my knowledge, I qualify for participation in this event and do hereby agree to abide by the rules and standards established for this event by its appointed leadership. I acknowledge that the information provided on my Personal Medical Record is true and correct and I consent to the administration of emergency medical treatment at the discretion of the event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at the event for future promotional use and hereby consent to the use of such items containing images of me in any form and relinquish all rights of ownership or compensation.

✕ _____ Applicant Signature _____ Date _____

Required Release Signatures