

# FCF BIG ADVENTURE

April 24-26, 2020  
Glasgow, Kentucky

## Registration Sheet for FCF Members

### Personal Information (Please Print Clearly)

\_\_\_\_\_ →  
LAST NAME (PLEASE PRINT)      MIDDLE INITIAL      FIRST NAME

\_\_\_\_\_ →  
MAILING ADDRESS (Street or R.F.D.)

\_\_\_\_\_ →  
CITY      STATE      ZIP CODE

\_\_\_\_\_ →  
EMAIL ADDRESS (if available)

**FCF**  **Frontiermen**  **Buckskin**  **Wilderness**

**Guest Of:** \_\_\_\_\_

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

\_\_\_\_\_  
HOME PHONE NUMBER + AREA CODE

\_\_\_\_\_  
WORK PHONE NUMBER + AREA CODE

\_\_\_\_\_  
CELL # + AREA CODE (if available)

### Church Information

\_\_\_\_\_ →  
CHURCH NAME

\_\_\_\_\_ →  
CHURCH ADDRESS (Street or R.F.D.)

\_\_\_\_\_ →  
CITY      STATE      ZIP CODE

\_\_\_\_\_ →  
EMAIL ADDRESS (if available)

\_\_\_\_\_  
DISTRICT (Abbreviate as needed)      OUTPOST #

\_\_\_\_\_  
CHURCH PHONE + AREA CODE

\_\_\_\_\_  
CHURCH FAX + AREA CODE

# Medical Record

This medical record must be completed for each and every one attending this event. **(Adults and boys)** It should be **turned in upon arrival at the event to registration** along with the permission slips and adult screening forms. This should also accompany each father screening form.

Check One

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

Outpost Number \_\_\_\_\_ 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 your 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.

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 \_\_\_\_\_

Permission and Medical Release Form  
for Boys

\_\_\_\_\_ (Boy's name) is the correct age (**11yrs and older for FCF events and Discovery or higher for District Royal Ranger Events**) and has my permission to participate in all activities at the Event.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If no, please inform his commander *in writing* as to which events he shall not be apart 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 \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

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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 according to the Registration Form.** It will be returned to the outpost leaders when you depart the event.

**Each boy must be 11 years or older for FCF Events and Discovery Ranger or higher for Kentucky District Royal Rangers Events and have this form completed to attend.**

# 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.