



INFORMATION SHEET



Activity: Ranger Derby and BB Gun Shoot
Date: Saturday, March 4, 2017
Time: 9:00 am - 1:30pm
Costs: \$10 + (Bring money for food at concession stand)
Invited: Rangers and Girls Ministry (Daisies - Girls Only), Parent and Leaders.
Location: Praise Assembly, Newark, DE

Emergency Contact #: (302)-463-7695 (Cmdr Doug Revell)

Permission & Money Due by: February 22nd (Wednesday)

Activities:

Ranger Lego Derby: Main Sanctuary
Lego car building: Classroom
Concessions: Cafe'
BB Gun shooting (no trophies): Classroom
Video games (no trophies): Cafe'

Schedule:

9:00 am - Open Registration / Lego Car Build / Concessions / BB Gun / Video games
10:45 am - Close Registration / Concessions / BB Gun / Video games
11:00 am - Gather for Devotion / Lego Cars Judging Best looks
11:30-1:00 - Lunch
11:30 am - Ranger Derby Starts / Concession reopen
1:00 pm - Ranger Derby Ends / Concession closed
1:10 pm - Awards
1:30 pm - Close and Clean up



PERMISSION SLIP



Participate Name: _____ Grade: _____

\$10 Registration Fee paid: cash: _____ or check# _____ Date: _____

1. Permission to participate in BB gun competition: Yes or No
2. Check which group you are in:

Royal Rangers - (Check one)

- ☐ Ranger Kids
- ☐ Discovery
- ☐ Adventure
- ☐ Expedition

Girls Ministries - (Check one)

- ☐ Daisies
- ☐ Prims
- ☐ Stars
- ☐ Friends
- ☐ Girls Only

Leader/Parent - (Check one)

- ☐ Parent
- ☐ Leader

PARENTAL CONSENT/MEDICAL TREATMENT AUTHORIZATION

I (we) grant permission for _____

to attend the above listed Royal Rangers event and do also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Praise Assembly.

I (we) understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, We (I) authorize the Royal Rangers staff or an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we), as Parent(s), understand that the National, District, Regional, Sectional, Area, or Outpost Royal Rangers staff while striving to insure a wholesome, safe, and closely supervised environment for boys in its care, cannot be liable for any unforeseen and/or unforeseeable accident or injury which may occur during the course of any Ranger activity. Responsible leaders, persons and acting agents transporting on behalf of the Rangers Ministry of the Assemblies of God, assume no personal liability in case of accident or sickness.

Signature of Parent/Guardian: _____ Date: _____

The Best Phone number to contact me is: (_____) - _____ - _____

•Current Emergency Medical Form On File (Checked by Commander)