

# EVENT ATTENDEE INFORMATION FORM

## ROYAL RANGERS

Southern Pacific District



CHURCH NAME: \_\_\_\_\_ OUTPOST #: \_\_\_\_\_  
 OUTPOST LEADER: \_\_\_\_\_ LEADER PHONE: \_\_\_\_\_  
 ATTENDEE NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, ST ZIP: \_\_\_\_\_

### MEDICAL HEALTH HISTORY

Please complete a copy of this form for everyone attending the event. Have 3 copies ready. One copy shall be with the Attendee, Outpost/Church Leader, and another copy if the event Coordinator is requesting a copy.

Father Name: \_\_\_\_\_ Father's Phone: \_\_\_\_\_  
 Mother Name: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_  
 Emergency Contact 1: \_\_\_\_\_ EC Phone 1: \_\_\_\_\_  
 Emergency Contact 2: \_\_\_\_\_ EC Phone 2: \_\_\_\_\_

**HEALTH HISTORY** | Check either Yes or No. If Yes is checked please explain under "Remarks/Comments:" below.

YES	NO	Allergies	YES	NO	Lung Problem	YES	NO	Sleepwalker
YES	NO	Sinuses	YES	NO	Diabetes	YES	NO	Nervous
YES	NO	Asthma	YES	NO	Heart Trouble	YES	NO	Upsets Easily
YES	NO	Fainting	YES	NO	Bronchitis	YES	NO	Nose Bleeds
YES	NO	Epilepsy	YES	NO	Fear of Heights	YES	NO	Depression
YES	NO	Shortness of Breath	YES	NO	High Blood Pressure	YES	NO	Appendix Removed

*Please explain below or give a short description:*

Any Reaction to drugs or medicine of any type?	YES	NO	_____
Any Food, Plant, Insect, or Animal Allergies?	YES	NO	_____
Any disorder preventing strenuous activity?	YES	NO	_____
Recently exposed to infections?	YES	NO	_____
Covid-19 in the last month	YES	NO	_____
Hepatitis in the last 6 months	YES	NO	_____
Taking any prescription medicine?	YES	NO	_____
Any medical procedures or surgeries within the previous 2 years?	YES	NO	_____
Is there a Special Diet Required?	YES	NO	_____
Currently up to date with the Tetanus Shot?	YES	NO	Last Tetanus Shot Date: _____
Doctor's Name: _____	Phone: _____		
Insurance Company: _____	Phone: _____		
Policy Number: _____	Subscriber's Name: _____		
Remarks/Comments:	_____		

The undersigned do hereby authorize and give authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians, unless there is written consent authorizing an agent to give approval.

The undersigned consent to any X-Ray, anesthetic, medical, dental, surgical diagnosis, treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The leader will inform parents and/or emergency contact listed above as soon as possible to give detail information.*

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## PERSONAL INFORMATION AND ACTIVITY PERMISSIONS

Attendee Name: \_\_\_\_\_

### SWIMMING AND WADING PERMISSION

Permission to Swim in Pool/Lake \_\_\_\_\_ YES \_\_\_\_\_ NO SWIM LEVEL \_\_\_\_\_

Attendees will be supervised by adults and lifeguards at the schedule times. Attendees will be taking a swim test before to allow them to swim in the deeper area. Adults and Minors will use a live preserver while using canoes, kayaks, and boats in the lake.

### PERMISSION FORM FOR MINORS TO COMPETE AND USE

Bow and Arrows \_\_\_\_\_ YES \_\_\_\_\_ NO FCF Activity (Tomahawk and Knife Throwing) \_\_\_\_\_ YES \_\_\_\_\_ NO

### Rifle (Firearm) Permission Form for Minors

California Penal Code Section 12552: Furnishing Firearms to Minors under 18 without permission of parent. ----Every person who furnishes any firearm, air gun, or gas-operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor.

22' Caliber Rifle \_\_\_\_\_ YES \_\_\_\_\_ NO Shot Gun \_\_\_\_\_ YES \_\_\_\_\_ NO

### PHOTOGRAPH & VIDEO RELEASE FORM

All attendees hereby authorize and give authority to grant Southern Pacific District - Royal Rangers (SPDRR) permission to the rights of the images, sound of my voice as recorded on audio, or video tape without payment or any other consideration. The image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein my likeness appears. SPDRR may use such images of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

### RELEASE OF LIABILITY

Release of liability to hold Southern Pacific District - Royal Rangers (SPDRR) and Leaders legally responsible for current or future injuries, losses, and damages before, during, and after our events. I understand that participation in these events or activities could include actions or tasks which might be hazardous. By signing below, I assume any risk of harm or injury which might occur to the participant due to his participation in the event or activity. I release Southern Pacific District Royal Rangers and Staff Leaders from all liability, costs, and damages which may arise from participation. I agree that the minor has my consent to participate in the event or activity. I further provide my consent for SPDRR to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to the minor's emergency treatments.

*Parent name and signature needed if the attendee is a minor:*

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Adult name and signature needed if the attendee is an adult:*

Adult Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_