



THE ALASKA NETWORK OF

ROYAL RANGERS



Winter Quyurtequ 2016

WHERE	WHEN	WHAT
Alaska Royal Ranger Camp North Pole, AK	February 11-13 th	Ice wall climbing, snow shoeing, and other winter type activities

COST

Registration is: \$60.00 (please note that your church may need to **add** transportation and meal cost to this)
Cost includes: Meals provided: (Thursday evening snack, Friday Breakfast, lunch, and dinner, Saturday breakfast, lunch) and all activities
REGISTRATION DEADLINE:
Feb 10th

HOW TO REGISTER

PLEASE NOTE: The cost for Camp is \$60.00. This cost does not include transportation to and from the event or additional meals not provided by camp. Your local church may need to charge a bit more for this. Please make your check out to the Alaska Royal Rangers for \$60.00 for registration. Any additional monies need to be given to your local church.

Total Cost: Registration for Summer Camp: \$60.00 + \$ _____ (local church cost) = \$ _____

Payment & Registration Options
PRINTED REGISTRATION: Download registration form from www.akrr.org, fill it out and turn in the completed copy along with a check or cash to your senior commander or sponsor.
CHECKS - Please make your **\$60** checks out to: **Alaska Royal Rangers.**

1. REGISTRANT INFORMATION

Name _____ Grade _____ Birth Date ____/____/____

Mailing Address _____

Phone Number () E-mail _____

2. CHURCH INFORMATION

Church Name _____

Church Mailing Address _____

Phone Number () E-mail _____ Pastor's Name _____

3. HEALTH INFORMATION | MEDICAL RELEASE & LIABILITY RELEASE

In case of medical emergency, please contact:

Emergency Contact _____ Emergency Phone ()

Insurance Information: _____ Date of last Tetanus Shot _____

Doctor's Name _____ City _____ Phone _____

In case of emergency, is there anything the camp health personnel or the doctor should know? _____

If the camper suffers from any of the following, please identify.

Heart Trouble Diabetes Skin Trouble Fainting spells Lung trouble Ear Trouble Sinus Infection

Allergies (specify) _____

Medication allergies Yes No (specify) _____

Is camper allergic to insect bites? Yes No (specify) _____

Explain any other health problems _____

Does the camper require medication like shots, drugs, or anything requiring control? ***Yes NO-
*****IF SO, THEY MUST BE TURNED IN AT REGISTRATION TO THE CAMP MEDICAL ADVISOR FOR DISPENSING**

Name of medication (s) in ORIGINAL PRESCRIPTION BOTTLE ONLY _____

MEDICAL & LIABILITY RELEASE

Registrant's Full Name (Please print.) _____

I assume full liability of hazard and risk for myself (or my child) during this year's summer camp. I give permission for hospital or medical center staff to administer any necessary treatment immediately to me (or my child) should I (or he/she) be sick or injured during 2014 Summer Camp. I do not hold the Alaska Assemblies of God, Camp Braendel, nor the churches involved, nor its respective officers and staff responsible for any injury as a result of my (or my child's) participation in the 2014 Summer Camp.

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X (Parent Signature) _____ Date _____