

PARENT PERMISSION FORM

I hereby authorize _____ to accompany the Royal Rangers to the District Pow-wow. I understand the arrangements and feel that adequate precautions for the safety of my child have been, and will continue to be, taken. I fully understand that this setting does not lend itself well to social distancing. I will not hold the local church or its leaders; or the District Staff; or the Northern Missouri District council of the Assemblies of God; responsible for any accidents or or any consequences of my child not maintaining social distancing. I accept responsibility for insurance in the event of an emergency unless I purchase event insurance through the district. I understand there will be an emergency First Aid station on location, staffed by qualified personnel. For valuable consideration received, I grant to Northern Missouri District Royal Rangers and their representatives, the irrevocable and unrestricted right to use and publish photographs/videos of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Northern Missouri District Royal Rangers and their representatives from all claims and liability relating to said photographs/video.

SIGNATURE: _____ DATE _____
(Parent or Guardian)

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name _____

Home Number _____ Work Number _____

Address _____ City _____ Zip _____

Minors (9-17) PARENT/LEGAL GUARDIAN CONSENT FORM

The signature of a parent or legal guardian is required in order to attend the 2021 District Pow-wow, at Camp Jo-Ota in Clarence, MO, June 17th – 20th, 2021. A parent or guardian must sign this form, indicating permission to authorize the provisions of emergency treatment for MINOR Royal Ranger who may become ill or injured at a District event. Please complete the following:

I, _____ (Parent or guardian's name) **THE** _____ (Father, Mother, Guardian)
OF _____ (name of child), **A MINOR, WHO IS ATTENDING A ROYAL RANGER DISTRICT EVENT, DO
HEREBY GIVE MY CONSENT, IN THE EVENT THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY
BY LICENSED PHYSICIANS, DENTISTS, OR EMERGENCY PERSONNEL SERVING THE NORTHERN MISSOURI
DISTRICT AT SAID EVENT.**

(SIGNED) _____

CHILD'S MEDICAL HISTORY: Doctor's Name _____ Phone _____

Good Health? Yes ___ No ___ If No, Please explain _____

Allergies? _____ Physical Impairments (Heart Epilepsy, etc.) _____

Specify any medications that must be administered _____

Date of last Tetanus shot _____ Any special instructions? _____

Adults (18+) PASTOR'S CERTIFICATION FOR CHURCH WORKER

I am personally acquainted with the adult applicant, and in my opinion he is a competent and qualified youth worker. I know of no facts or allegations that raise any question concerning his suitability for working with minors in any Royal Ranger activity. The church has on file the applicant's youth workers background screening form.

SIGNATURE _____ DATE _____
(Pastor's Signature)