

NATIONAL CANOE EXPEDITION

Royal Rangers Pentecostal Holiness Church
PO Box 208 Franklin Springs, GA 30639
706-245-3149



for office use only:

_____ Date Rcv'd _____ Amount Rcv'd
_____ Copy sent _____ Check Number

APPLICATION and HEALTH HISTORY FORM

(Please Complete Both Forms, Type or Print)

You must be male, 18 years or older, and in good health in order to participate in the activities of this camp.

National Training Camp is a prerequisite to the National Canoe Expedition.

Please list date and location of NTC you attended: _____

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH _____ DENOMINATION _____

CONFERENCE or DISTRICT _____ OUTPOST # _____

OCCUPATION _____ WORK PHONE _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

I am personally acquainted with the applicant and, in my opinion; he is a competent and qualified youth worker.

Pastor's Signature _____

PASTOR'S NAME _____ PASTOR'S PHONE _____

DATE
August 27 - 30, 2009

LOCATION
New River near Dublin, VA

HOST
Appalachian Conference

Registration Fees: Because of the advanced cost of setting up this camp, a **\$50.00 registration fee must accompany this application.** This will be applied toward the total camp fee of \$125.00.

If application and \$50.00 is not mailed (postmark on envelope) at least 3 weeks prior to event, the registration fee will be \$140.00. **Please submit your application early!!**

CANCELLATION POLICY: Your pre-registration fee will be refunded (minus a \$20.00 clerical fee) if you notify the National Office at least 3 weeks prior to the beginning of the camp. Cancellation after this date is non-refundable but may be transferable to another camp or to someone else's name. In the event of low registration, this event is subject to cancellation and total refund. Cancellation will be made **3 weeks** prior to the event based on the number of applications received at that time.

MEDICAL HISTORY AND RELEASE FORM FOR NATIONAL TRAINING CAMPS

This entire form must be completed and mailed in with the application. The National Royal Rangers Office has the prerogative to accept or reject any person based upon his/her medical health.

Name _____ Age _____

Height _____ Weight _____ Occupation _____

Insurance Company _____ Policy No. _____

Doctor's Name _____ Phone _____

Health History –

Please circle either **YES** or **NO** to each of the following and briefly explain any **YES** answers under the **REMARKS** section below:

| | | | | | |
|-----------------------|-----|----|--|-----|----|
| Hearing Difficulties? | Yes | No | Medical treatment in the last year? | Yes | No |
| Lung Condition? | Yes | No | Have you had surgery in the last year? | Yes | No |
| High Blood Pressure | Yes | No | Asthma / Allergies? | Yes | No |
| Fainting / Dizziness? | Yes | No | Shortness of Breath? | Yes | No |
| Skin Infections? | Yes | No | Vision Problems? | Yes | No |
| Sinus Conditions? | Yes | No | Do you wear contacts? | Yes | No |

| | | |
|---|-----|----|
| Have you been exposed to infectious diseases in the last three weeks? | Yes | No |
| Have you been exposed to Hepatitis in the last six months? | Yes | No |
| Do you have any disorder that would prevent strenuous activity? | Yes | No |
| Are you taking any Prescriptions Medications? | Yes | No |
| Have you had any Allergic Reactions to any types of Drugs or Medications? | Yes | No |

Remarks – List any medical facts we should know in case of an emergency:

Please give detail of any items circled above.

Date of last Tetanus injection: _____ Any dietary needs? _____

Any restrictions to camp activity? _____ Any swimming restriction? _____

The camp will be exhausting and demanding. You must be in good physical condition in order to participate in the strenuous activities and heat. "I understand that I am responsible for making sure that I am fit for the camp. I agree to hold harmless the IPHC Royal Rangers for any accident or injury resulting from my negligence."

Signed _____ Date _____