



TRINITY CHRISTIAN CENTER ROYAL RANGERS
 4416 East County Road 540A
 Lakeland, FL 33812

INDIVIDUAL PERMISSION/REGISTRATION FORM

_____ (EVENT DATE) _____ (NAME OF EVENT)

(This entire form MUST be filled out and turned in to your Commander!)

PLEASE PRINT

NAME _____ AGE _____ OUTPOST NO. 147

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____

PARENT PERMISSION FORM

I hereby authorize and give my consent for _____ (**Rangers Name**) to attend the Royal Rangers Outpost or District Event. I give my consent for the Commander(s) or a Trinity Christian Center representative to administer or secure any emergency medical treatment for the above named Ranger. I understand the arrangements and feel that adequate precautions for the safety of my child, have been, and will continue to be taken. I will not hold Trinity Christian Center or its leaders/representatives, or the District/Staff, or the Pen Florida District Council, Inc. of the Assemblies of God, responsible for any accidents. I understand insurance will be provided by the District and that there will be an emergency First Aid Station on location. Insurance coverage is a secondary coverage. All claims will go through the family's primary provider first.

SIGNATURE _____ PHONE _____ DATE _____

Print Name: _____ Circle One Relationship: Parent or Guardian or Relative

2nd Phone Number _____

Additional Contact Name: _____ Circle One Relationship: Parent or Guardian or Relative

Phone: _____ 2nd Number _____