



FALL TRACE REGISTRATION  
 October 11-13, 2024  
 Camp Kerby, LaGrange KY



Indicate the numbers attending

- FCF Old Timer (18+ older)
- FCF Young Buck (under 18)
- FCF Guest (18+ older)
- FCF Guest (under 18)

**\*Postmarked by September 22, 2023**

**Old Timers = \$17.00 each After above date \$35.00**  
**Young Buck = \$15.00 each After above date \$30.00**  
**Guest Old Timers = \$10.00 each After above date \$20.00**  
**Guest Young Buck = \$7.00 each After above date \$15.00**  
**\*No exceptions**

**Personal Information (Please print Clearly)**

\_\_\_\_\_  
 Last Name                      Middle Initial                      First Name

\_\_\_\_\_  
 Mailing Address (Street or F.F.D.)

\_\_\_\_\_  
 City    State                      Zip code

\_\_\_\_\_  
 Email Address

FCF     Frontiersmen     Buckskin     Wilderness

Guest Of: \_\_\_\_\_

- FCF Young Buck (under 18)
- FCF Old Timer (18+ older)
- FCF Guest (under 18)
- FCF Guest (18+ older)

\_\_\_\_\_  
 Area Code Home Phone

\_\_\_\_\_  
 Area Code Work Phone

\_\_\_\_\_  
 Area Code Cell #

**Church Information**

\_\_\_\_\_  
 Church Name

\_\_\_\_\_  
 Church Address

\_\_\_\_\_  
 City    State    Zip Code

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 District (Abbreviate)                      Outpost

\_\_\_\_\_  
 Area Code Church Phone

\_\_\_\_\_  
 Area Code Church Fax

**Craft & Project:**

We will be offering those who wish to make a craft/project the opportunity the materials will be furnished and the cost will be \$ 10.00 Please indicate the number that will participate by October.1

Number of crafts = \_\_\_\_\_ X \$10.00 = \_\_\_\_\_ For information on the craft contact Mike Snyder

Method of payment: Payment must accompany all applications for registration to be processed.

**Check Enclosed: Checks must be written to Kentucky District FCF Royal Rangers**

Mail To: Mike Snyder 2415 Cherry Creek Rd. LaGrange, Ky. 40031

GRAND TOTAL

\$ \_\_\_\_\_

Online Registration is available at:

## Personal Medical Record

## Insurance Information

Applicant's Full Name

Health Insurance Company's Name

### In case of emergency please notify:

Last Name *(please print)*

First Name

Policy Number

Certificate Number

Daytime Contact Phone Number

Evening Contact Phone Number

Effective date of coverage

Health Insurance Company's Phone Number

### General Information:

**A Personal Medical Record must be completed by each applicant for participation. Records for minors (under age 18) must include a parent or guardian's signature. Royal Rangers office reserves the right to accept or reject any person based upon his medical health.**

Food or drug allergies

I am currently taking the following medications

Remarks and medical facts:

Special dietary

Additional remarks

### Health History

To be completed by the applicant (if over 18) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant experienced the following? Check "Yes" or "No."

Sinus condition

yes  no

yes  no

Shortness of breath

yes  no

yes  no

Exposed to infectious:

Ear problem

yes  no

yes  no

Skin infection

yes  no

yes  no

Disease past 3 weeks

yes  no

yes  no

Lung problem

yes  no

yes  no

Hearing difficulty

yes  no

yes  no

Hepatitis past 6 months

yes  no

yes  no

Heart trouble

yes  no

yes  no

Bad eyesight

yes  no

yes  no

Any disorder preventing strenuous activity?

yes  no

yes  no

High blood

yes  no

yes  no

Wear contact lenses

yes  no

yes  no

Taking prescription medicine?

yes  no

yes  no

Allergy-Asthma

yes  no

yes  no

Any medical care in the past year?

yes  no

yes  no

Any reaction to drugs or medicine or any type?

yes  no

yes  no

Fainting or dizzy

yes  no

yes  no

Any surgery within past year?

yes  no

yes  no

Special diet required?

yes  no

yes  no

Diabetes

yes  no

yes  no

Any surgery within past year?

yes  no

yes  no

Special diet required?

yes  no

yes  no

Appendix

yes  no

yes  no

year?

yes  no

yes  no

Special diet required?

yes  no

yes  no

Give latest date of inoculation or vaccination against following:

	Date		Date
Tetanus	<input type="text"/>	Small Pox	<input type="text"/>
Measles	<input type="text"/>	Typhoid	<input type="text"/>
Diphtheria	<input type="text"/>	Polio	<input type="text"/>

Birth Date	Height	Weight
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian's Name (Please Print)

( )

Parent / Guardian's Address

Parent/Guardian's Area Code and Phone Number

City

State

Zip

### Parent/Legal Guardian Consent & Model Release

*(Required for all applicants under 18 years of age)* I, the undersigned, as parent or legal guardian of the above named minor do hereby consent to his participation in this event and authorize the use of emergency medical care at the discretion of the adult event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of my child in any form and relinquish all rights of ownership or compensation. It is further understood that acceptance of these terms is a condition of my child's participation in this event.

Print Complete Name of Minor

✕

Parent/Legal Guardian Signature

Date

### Pastor's Certification

*(Required for all applicants 18 years of age or older)* I, the undersigned, as Pastor of the above named adult participant do hereby acknowledge that the individual has been properly screened and approved for children or youth work in our church and provide my unqualified endorsement to his/her participation in this event.

✕

Pastor's Signature

Date

### Applicant's Signature

*(Required for all applicants)* I, the undersigned, hereby acknowledge that to the best of my knowledge, I qualify for participation in this event and do hereby agree to abide by the rules and standards established for this event by its appointed leadership. I acknowledge that the information provided on my Personal Medical Record is true and correct and I consent to the administration of emergency medical treatment at the discretion of the event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at the event for future promotional use and hereby consent to the use of such items containing images of me in any form and relinquish all rights of ownership or compensation.

✕

Applicant Signature

Date

Required Release

Signatures

# Frontiersmen Camping Fellowship

## Knife and Black Powder

### Permission Form

I am the parent or guardian of \_\_\_\_\_ who is a member of the Royal Rangers Program. I give, him permission to sell, trade, give, receive, or barter and have in his possession during any FCF event, any knife or black powder firearm as in appropriate for this type of historical reenactment activity.

Pleas consider this document as written consent for my son \_\_\_\_\_  
To participate in any of the Frontiersmen Camping Fellowship activities, which include black powder loading and shooting, knife and hawk throwing, flint and steel – fire starting, frontiersmen craft and workshop classes, and any other activities conducted.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

If you do not want your son, \_\_\_\_\_ participating in any of the above activities please list: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

If you are under the age of 18, you must have this form signed by your parent or guardian in order to participate in the above-mentioned activities at any FCF function.

Parents please complete:

Name of minor \_\_\_\_\_

Name of Parent completing form: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone and work phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Age \_\_\_\_\_ Birth date of minor \_\_\_\_\_

Any information we should know about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Revision date: