



Kite Flying



Archery



Story Telling



HOT WHEELS RACES

DATE: JUNE 15, 2024
TIME: 10:00 AM - 2:00 PM
LOCATION: TOWN CENTER
503 NORTH MAIN STREET
LONDON, KENTUCKY
40741

COST: \$25.00 Per Person
PAY \$1.00 Each Before May 27, 2024
and get FREE Sponsorship for
Each person that pays \$1.00.
YES You heard right, \$1.00 for all this fun.
Get your in early to be sponsored.



2024 Kentucky District Ranger Kids Day Camp

For Office Use Only

Postmarked:

Paid:

Balanced Due:

Please Print

Commanders Name _____

Church _____

Address _____

City _____ State _____ Zip _____

Church Ph _____ Home Ph _____ Cell Ph _____

Email Address _____ Outpost # _____

ACTIVITIES

Archery, Tomma Hawk Throw, Hot Wheels Car Race, 3-Legged Race, Kite flying, Devotion, Story Telling

All activities are subject to change or are cancelled due to weather or not enough manpower so please volunteer your time please.

REGISTRATION

| Location | Date and Time | Cost | Registration Deadline |
|--|--|--|--|
| Faith Assembly of God 390 Faith Assembly Church Rd. London, KY 40741 | June 15, 2024, from 10:00 am to 2:00 pm. Lunch at 12:00. | \$1.00 per person. Online registrations available at kyroyalrangers.com | Deadline date is May 27, 2024 After above date Full price of \$25. All registrations close June 7th |

Registration must be post marked by May 27, 2024, After May 27, 2024, the price is \$25.00. No exceptions

| Ranger Kids Name | Adults Name | Commanders Name |
|------------------|-------------|-----------------|
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***If more space is needed write names on back of page.

Make all checks payable to Kentucky District Royal Rangers. All registration forms and money should be sent to:

Carlos Castelan
214 East 7th Street
London, Ky. 40741



Kentucky District Photograph Release Form

Turn in with video's and photo's

I hereby authorize Kentucky District Royal Rangers, hereafter referred to as "Kentucky District Royal Rangers," to publish photographs taken on the dates in the registration form above, of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Kentucky District Royal Rangers' print, online and video-based marketing materials, as well as other Kentucky District Royal Ranger publications.

I hereby release and hold harmless Kentucky District Royal Rangers from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Kentucky District Royal Rangers to use their likenesses and names.

I further acknowledge that participation is voluntary and that I, the minor child, or minor children will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Royal Ranger marketing materials or other Royal Ranger publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Kentucky District Royal Rangers, its contractors, its employees and any third parties involved in the creation or publication of Kentucky District Royal Ranger publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Children: _____

Name and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Permission Form for Boys

Turn in upon arrival

_____ (boys name) **is a Royal Ranger of proper age**
and has my permission to participate in all activities at the Kentucky District Event.
YES NO **If no, please inform his commander *in writing* as to which
Events he shall not be a part of.**

If emergency service involving medical action or treatment is required and neither the parent nor family physician can be contacted for consent, I hereby consent to the rendering of emergency medical treatment deemed appropriate in the opinion of the doctor rendering such services.

Name of Parent or Legal Guardian _____
Signature _____ **Date** _____
Day Phone _____ **Night Phone** _____
Family Physician's Name _____ **Phone** _____

In Case of Emergency Notification: Alternate Contact - Must be different from above.

Name _____
Address _____ **City** _____
Day Phone _____ **Night Phone** _____

The following insurance information is not required but may be helpful.
Your Health and/or Accident Insurance Company

Name of Company _____
Policy #: _____

This form must be completed and turned in to Registration upon arrival. Do not mail this form with registration form. It will be returned to the outpost leaders when you depart camp.

Each boy must be a *Royal Ranger of proper age* and have this form completed to attend the Kentucky District Event.