



Kentucky District Event

Permission Form for Boys

Turn in at registration area

_____ (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.



Kentucky District Photograph Release Form

Turn in at registration area

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: _____



Swim Permission Form

Cumberland River, Williamsburg, KY

CHILD'S NAME _____ DATE: _____

☐

I give permission for my child to swim at the following location listed above

☐

I DO NOT grant permission for my child to swim at the following location listed above.

Please provide your Child with appropriate swimsuits for the event.

For the purpose of:

Swimming – recreational – Cumberland River, Williamsburg KY at Patrick's Point

There will be a Red Cross certified lifeguard and Commanders always present.

Please give us information regarding your child's water skills:

☐

No experience with water

☐

Has been in water with no formal instruction

☐

Has taken the following classes:

Does your child usually wear floatation devices while in water?
(This would include water wings)

☐

Yes

☐

No

Any other information you would like to provide:

Parent or Guardian Signature

Date