

Pow Wow

September 6-8, 2024



*Patrick's Point
2343 River Rd.
Williamsburg, KY 40769*

Register Online

Preregistration Form

Pow Wow 2024

Father, Son, Grandfather Annual Campout

Patrick's Point, Williamsburg, KY
September 6-8, 2024

Section _____ Outpost # _____
 Contact Person _____ Phone # _____
 Church Name _____
 Church Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

First Time @ KY POW-WOW: Yes No

Numbers Registering:

Leaders & Guardians # _____ X \$55.00 = \$ _____
Discovery Rangers # _____ X \$55.00 = \$ _____
Adventure Rangers # _____ X \$55.00 = \$ _____
Expedition Rangers # _____ X \$55.00 = \$ _____
Registration Totals Number of Persons = _____ X\$ _____

T-Shirt Sizes Men

Small _____ Medium _____ Large _____ X-Lg _____ XX-Lg _____ XXX-Lg _____

T-Shirt Sizes Youth

Medium _____ Large _____

Meals, T-shirts and patches are included in the \$55.00 price if registration deadline of August 22, 2024, is met.
 All T-shirts after that date will be \$15.00 each at the event if available. No Exceptions. If registration date is not met, then the meal tickets will need to be purchased at the camp at the price of \$10.00 per meal per person for Saturday. No Exceptions.

Upon arrival, check in with Registration to verify your numbers and receive your campsite location and get up to date information. Remember to bring

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

Shortness of breath

yes no

Exposed to infectious:

Ear problem

yes no

Skin infection

yes no

Disease past 3 weeks

yes no

Lung problem

yes no

Hearing difficulty

yes no

Hepatitis past 6 months

yes no

Heart trouble

yes no

Bad eyesight

yes no

Any disorder preventing strenuous activity?

yes no

High blood

yes no

Wear contact lenses

yes no

Taking prescription medicine?

yes no

Allergy-Asthma

yes no

Any medical care in the past year?

yes no

Any reaction to drugs or medicine or any type?

yes no

Fainting or dizzy

yes no

Any surgery within past year?

yes no

Special diet required?

yes no

Diabetes

yes no

Appendix

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



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? Yes No
(This would include water wings)

Any other information you would like to provide:

Parent or Guardian Signature

Date

BAPTISM NOTIFICATION FORM

Your child will be invited to be baptized at Pow Wow. We are excited about your child's desire to be baptized; However, it is our desire to be sensitive to you, the parent. Therefore, we are asking for your preferences as it relates to the baptism.

The Kentucky District Royal Rangers exercises believer's baptism. Believer's baptism is full submersion under water, which serves as a symbolic expression of one's faith in Christ. Believer's baptism is only done to those who have already prayed to surrender to Christ as their personal Lord and Savior.

Child's Full Legal Name _____

Child's Address _____

City _____ State _____ Zip _____

Child's Date of Birth _____ Child's Age _____

- Please baptize my child and I would like to attend (Sunday @ 9am)
- Please baptize my child and I will not attend.
- Please do not baptize my child. We would prefer to do this at home/church.

Signature of Parent/Legal Guardian:

Phone:

Date:

Campsite Inspection Form

Outpost # _____

Church Name _____

Campsite: Entry Way			Present	1	0	
Cleanliness of Camp	5	4	3	2	1	0
Layout of Campsite	5	4	3	2	1	0
Proper placement of tents, fire pit, kitchen, cutting area, etc.						
Tent/Shelter Appearance, inside Uniforms neat & clean, etc.	5	4	3	2	1	0
Camp craft lashing Items (up to 5) 1 pt. each, 2 if properly lashed. Items to make camp enjoyable and comfortable	10	8	6	4	2	0
Duty Roster & Schedule	5	4	3	2	1	0
Sanitation:						
Proper Storage of Food	5	4	3	2	1	0
Garbage/Trash Disposal	5	4	3	2	1	0
Health & Safety:						
Proper Fire Area Setup Including fire control	5	4	3	2	1	0
Tool Rack & Cutting Area Properly identified, located, tool edges covered, etc.	5	4	3	2	1	0
First Aid Kit Readily available, identified, stocked, etc	5	4	3	2	1	0
Personal Hygiene Provisions	5	4	3	2	1	0
Pre-registration Points:					10	0
Comments:						

Total. _____

Entry Way Judging Form

Outpost # _____ on Entry way Present = 5
 Not Present = 0

Theme Related:
Very Much So = 3
Yes = 2
Somewhat = 1
No = 0

Quality of Workmanship: 5 4 3 2 1 0
 Evident skill, sturdiness, before POW-WOW, variety of materials, colorful, attractive - eye appeal, etc.

Theme Related: 5 4 3 2 1 0
 "MODERN DAY KNIGHTS" theme clearly present and makes up entire construction, clearly thought out theme relationship and layout, etc.

Originality & Difficulty of Construction: 5 4 3 2 1 0
 Fresh new ideas not reused entry way, clever, basic construction or something requiring some ingenuity and effort, etc.

Total Points _____

Note!!! The Entry Way may be built at the outpost and assembled at Pow-Wow. It is to be planned and built by the boys and leaders of the outpost. Commanders will assist in design and some construction. However, allow your boys to build much of this!!! Their own work is what we are looking for and is what they will be judged on and most proud of. Let them make memories, don't make them for them.

It is an extremely difficult judgment call to say the Entry Way is totally adult built and therefore you're on your honor. Men, we are relying upon your integrity to verify that your boys helped designed and built this Entry Way. Therefore, I am asking you to sign the following statement and then post this Judging form on your Entry Way prior to the inspection on Saturday. Thank you for your cooperation in this matter.

By signing my name to this form, I testify to the fact that the boys of my outpost did most of the work and design to bring this Entry Way into existence.

Signature of Senior Commander at POW-WOW

OUTPOST SKIT APPROVAL FORM

Participation earns outpost five points:

Outpost # _____ Number of Boys Participating in Skit: _____

Briefly describe the skit you wish to present:

Alternate skit you wish to present:

Approval of POW-WOW Coordinator _____

Skit Evaluation & Approval: To be completed by Program Coordinator

Is skit theme related? Yes No

Is skit fresh, new, innovative? Yes No

Is skit exciting, fast paced? Yes No

Is skit under 5 minutes in length? Yes No

Do majority of boys participate? Yes No

Skit is? Approved Disapproved

POW-WOW Coordinator' Signature _____

This form must be completed and brought with you to POW-WOW and Present this completed form to POW-WOW Coordinator at registration. He will review and approve or disapprove your skit. Grand POW-WOW points are awarded five additional points for participation. FIRST, SECOND AND THIRD PLACE TROPHYS AWARDED TO OUTPOST

OUTPOST & PERSONAL EQUIPMENT

Registration & Permission Forms Medical
release forms
Patrol Flags
First Aid Kit
Pastors
Men from the church

The following are suggested lists of equipment you may want to bring to POW-WOW. You may add to or subtract from these lists.

Outpost Camping Gear:

Tents	Hand washing pan/soap
Dining flies	Shovel
Lanterns with extra mantles	Bow saw
Coleman fuel with funnel	Hammer
Matches	Bulletin board
Water containers, drinking & fire	Coolers, Ice
Rope	Campsite Entry Way
Tables	Trash bags
Chairs	Displays
Hand ax	Paper Towels

Personal Gear:

Toilet Kit	Towels
Uniform	Poncho
Flashlight	Spending money
Bible	Extra clothing
Sleeping bag	Blanket
Pillow	Sleeping pad
Bug repellent	Extra Blanket
Sun screen	Shower shoes
Canteens	Camera
Camping stool	Personal Tent
Spending money	Extra money