

Father, Son, Grandfather Annual Campout

September 5-7, 2025

Kentucky Pow Wow



Special guest speaker
Director, Royal Rangers International
Jeremiah Hembree



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



Register Online

Father, Son, Grandfather Annual Campout



Important Instructions

* 3 Meals on Saturday, T-shirts and patches are included in the \$65.00 scholarship price if preregistration deadline of August 1 is met.

** 3 Meals on Saturday, T-shirts and patches are included. Sorry but \$20 Scholarships are no longer available after the postmarked date of August 1st. Registration will stay open. Beginning August 2 through August 15 the cost will be \$85 each person. To ensure T-shirt orders paper forms must be mailed and postmarked by US Postal service by August 10. Registration will be closed on August 16. Walk - ins only available after August 16, \$100 per person per ticket for walk-ins

*** FOR ALL CAMPERS (OUTPOST) THIS IS A MUST - Upon arrival outpost (attendees) MUST check in at Registration before entering the camp, to confirm your numbers and receive your campsite location and receive your T-shirts for register attendees only. To expedite your entry, have all forms together in a folder or large envelope. Remember this is a MUST - Bring all additional forms. We (camp officials) will need a copy to keep for the safety and security of all. We suggest you keep a copy for yourself (outpost). Currently Commanders - WE ARE OPEN FOR SUGGESTED REFORMS, please.

If you need financial assistance, please contact the District Director Ryan West at 818-454-4825.



For Office Use Only
 Postmarked:
 Paid:
 Balanced Due:

2025 Pow Wow Registration Form

Section _____ Outpost # _____
 Contact Person _____ Contact Phone _____
 Church Name _____
 Church Mailing Address _____
 City _____ State _____ Zip _____
 Phone # _____
 First Time at KY Pow Wow: YES NO

*** August 1, Postmarked see instructions**

_____	Leaders	X	\$65.00	= \$	_____
_____	Fathers/Guardians	X	\$65.00	= \$	_____
_____	Discovery Rangers	X	\$65.00	= \$	_____
_____	Adventure Rangers	X	\$65.00	= \$	_____
_____	Expedition Rangers	X	\$65.00	= \$	_____
_____	Grand Total	X	\$65.00	= \$	_____

**** Beginning August 2 see instructions**

_____	Leaders	X	\$85.00	= \$	_____
_____	Fathers/Guardians	X	\$85.00	= \$	_____
_____	Discovery Rangers	X	\$85.00	= \$	_____
_____	Adventure Rangers	X	\$85.00	= \$	_____
_____	Expedition Rangers	X	\$85.00	= \$	_____
_____	Grand Total	X	\$85.00	= \$	_____

T-SHIRT SIZES MEN:

Small _____ Medium _____ Large _____ X Large _____ XX Large _____ XXX Large _____

T-SHIRT SIZES YOUTH

Medium _____ Large _____

Other special sizes _____

Checks and forms can be mailed to:
 District Director Ryan West
 1101 Beaumont Centre Ln #4101
 Lexington, Ky 40513

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.

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	<input type="checkbox"/> yes	<input type="checkbox"/> no	Shortness of breath	<input type="checkbox"/> yes	<input type="checkbox"/> no	Exposed to infectious:		
Ear problem	<input type="checkbox"/> yes	<input type="checkbox"/> no	Skin infection	<input type="checkbox"/> yes	<input type="checkbox"/> no	Disease past 3 weeks	<input type="checkbox"/> yes	<input type="checkbox"/> no
Lung problem	<input type="checkbox"/> yes	<input type="checkbox"/> no	Hearing difficulty	<input type="checkbox"/> yes	<input type="checkbox"/> no	Hepatitis past 6 months	<input type="checkbox"/> yes	<input type="checkbox"/> no
Heart trouble	<input type="checkbox"/> yes	<input type="checkbox"/> no	Bad eyesight	<input type="checkbox"/> yes	<input type="checkbox"/> no	Any disorder preventing strenuous activity?	<input type="checkbox"/> yes	<input type="checkbox"/> no
High blood	<input type="checkbox"/> yes	<input type="checkbox"/> no	Wear contact lenses	<input type="checkbox"/> yes	<input type="checkbox"/> no	Taking prescription medicine?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Allergy-Asthma	<input type="checkbox"/> yes	<input type="checkbox"/> no	Any medical care in the past year?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Any reaction to drugs or medicine or any type?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Fainting or dizzy	<input type="checkbox"/> yes	<input type="checkbox"/> no	Any surgery within past year?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Special diet required?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Diabetes	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Appendix	<input type="checkbox"/> yes	<input type="checkbox"/> no						

Food or drug allergies _____
 I am currently taking the following medications _____
 Remarks and medical facts: _____

Special dietary _____
 Additional remarks _____

Give latest date of inoculation or vaccination against following:

	Date		Date
Tetanus		Small Pox	
Measles		Typhoid	
Diphtheria		Polio	

Birth Date	Height	Weight

Parent/Guardian's Name (Please Print) _____
 Parent/Guardian's Area Code and Phone Number _____

Parent / Guardian's Address _____
 City _____ State _____ Zip _____

Required Release Signatures

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 at Cumberland River, Williamsburg KY at Patrick's Point

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

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

- No experience with water
- Has been in water with no formal instructions.
- Has taken the following classes: _____

Does your child usually wear flotation devices while in water? Yes No
(This would include water wings)

Any other information y ou 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
Layout of Campsite	5	4	3	2	1
Proper placement of tents, fire pit, kitchen, cutting area, etc.					
Tent/Shelter Appearance, inside Uniforms neat & clean, etc.	5	4	3	2	1
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
Duty Roster & Schedule	5	4	3	2	1
Sanitation:					
Proper Storage of Food	5	4	3	2	1
Garbage/Trash Disposal	5	4	3	2	1
Health & Safety:					
Proper Fire Area Setup Including fire control	5	4	3	2	1
Tool Rack & Cutting Area Properly identified, located, tool edges covered, etc.	5	4	3	2	1
First Aid Kit Readily available, identified, stocked, etc	5	4	3	2	1
Personal Hygiene Provisions	5	4	3	2	1
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is skit fresh, new, innovative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is skit exciting, fast paced? Is skit under 5 minutes in length?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do majority of boys participate?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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