



TRINITY CHRISTIAN CENTER ROYAL RANGERS  
 4416 East County Road 540A  
 Lakeland, FL 33812

INDIVIDUAL PERMISSION/REGISTRATION FORM

\_\_\_\_\_  
 (EVENT DATE)

\_\_\_\_\_  
 (NAME OF EVENT)

(This entire form MUST be filled out and turned in to your Commander!)

PLEASE PRINT

NAME \_\_\_\_\_ AGE \_\_\_\_\_ OUTPOST NO. 147

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT PERMISSION FORM

I hereby authorize and give my consent for \_\_\_\_\_ (**Rangers Name**) to attend the Royal Rangers Outpost or District Event. I give my consent for the Commander(s) or a Trinity Christian Center representative to administer or secure any emergency medical treatment for the above named Ranger. I understand the arrangements and feel that adequate precautions for the safety of my child, have been, and will continue to be taken. I will not hold Trinity Christian Center or its leaders/representatives, or the District/Staff, or the Pen Florida District Council, Inc. of the Assemblies of God, responsible for any accidents. I understand insurance will be provided by the District and that there will be an emergency First Aid Station on location. Insurance coverage is a secondary coverage. All claims will go through the family's primary provider first.

SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship:  Parent or Guardian or Relative \_\_\_\_\_

2<sup>nd</sup> Phone Number \_\_\_\_\_

Additional Contact Name: \_\_\_\_\_ Relationship:  Parent or Guardian or Relative \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Number \_\_\_\_\_