2024 Volunteer Chapter FCF Fall Trace

October 3rd-5th, 2024

Where: Camp Ridgedale

1470 Bear Creek Road Vanleer, TN 37181

(a bath house is available)

Cost: Old Timers—\$30

Young Bucks—\$25

Dues: Annual Dues are \$25

Lifetime dues is \$150 for Old Timers
Jr. Lifetime dues is \$50 for Young Bucks
(you must turn in a renewal application

with your dues)

Practice your skills because there will be great prizes for Archery, Rifle, Knife & Hawk, Flint & Steel, Outfit Judging and cooking competitions!



Caleb "FireFly" Pittenger Pational Scout 2011-2013

Bring lots of money for the Missions Auction

Wilderness and Buckskin members need to bring donations for the missions auction.

Buckskin & Wilderness Candidates need to send in your applications before 6/15/2024 in order to be eligible for advancement.

Scout Candidates need to send in your application before 8/1/2024 in order to be eligible to run for Chapter Scout.

For more information, contact Doug "Talking Bull" Kave Email: talkingbull64@gmail.com





October 3rd - 5th, 2024

REGISTRATION APPLICATION

PLEASE TYPE OR PRINT

Name:			Birtl	ndate: M	DY	
Address:						
City:			State:	Zip Code:		
Email:						
Home Phone Number:			Business Phone Number:			
Church:Churc			rch Phone Number:			
Church Address:						
City:			State:	Zip Code:		
Outpost #I	District:			Section:		
Royal Ranger Alumni:						
FCF Level: Frontiers	manF	Buckskin	Wilderness			
FCF Name:				_		
Registration Fees: Check	one:Old	Timer \$30	Young Bu	ck \$25		
Annual Dues: Check one:Annual Dues \$25Jr. Lifetime Dues \$50Lifetime Dues \$1				Lifetime Dues \$150		
	Life Me	mber				
Total Enclosed: Make Checks Payable to "Friends of Rangers"						
Bring all paperwork and	I fees with you	to the camp.				
If you have any question Doug "Talking Bull" Kav E-mail: talkingbull64@gm	e, FCF Scribe					
Chapter Use Only:	Date received	Amount paid	Date information	on letter mailed	1	
	Date received	Amount paid	Date information	on letter maned		





Pastors Certification for Church Workers - FCF Trace Camp

If the participant will be 18 or older at the time of the FCF Trace Camp, the participant's pastor must sign this form.

Adult (18+) Pastor's Certification for a Church Worker:

I am personally acquainted with the adult applicant, and in my opinion, he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activity. The church has on file the applicants screening form. Adult leaders are considered 18 years of age or older.

Pastor's Signature:		Date:	
-			
Phone Number:	Email:		





MEDICAL RELEASE FORM

(Please complete one copy for each boy attending FCF Trace) NAME OF CAMPER: District: ADDRESS: AGE:_____ PARENT'S/GUARDIAN'S NAME: _____ CHURCH: _____OUTPOST NUMBER: ____ Parent Release to Attend the FCF Trace Camp _(Ranger's/boy's name) to attend the FCF Trace I hereby authorize Camp. I understand the arrangements and feel that adequate precautions for the safety of my child have been made and will continue to be taken. I will not hold the local church, its leaders, the FCF Volunteer Chapter staff, or the General Council of the Assemblies of God responsible for accidents. I understand that my personal insurance will be the primary carrier in case of an emergency needing professional care. I understand that a First Aid Station will be on the site with a qualified person on duty. Insurance company name/policy # Signature of parent or guardian Date PHYSICIAN'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT The purpose of this section is for parents or guardians to authorize emergency treatment for their child in case of illness or injury while in the custody of Leaders attending the FCF Trace Camp. This section must be completed and signed to provide for emergency care. (Parent or guardian) (City) (State) _, a minor who is attending the (Father, Mother, Legal guardian) FCF Trace Camp, do give consent beforehand (in the event that all reasonable attempts to contact me or have been unsuccessful) for the administration of any treatment (Alternate consenting adult) necessary by a licensed physician or dentist. Alternate phone number - cell, business, etc. Phone number Parent or quardian signature Date



Sinus condition

Ear problem (tubes, etc.)

Frontiersmen Camping Fellowship Volunteer Chapter Tennessee District Royal Rangers



HEALTH HISTORY

☐ Yes

☐ Yes

 \square No

□ No

This form should be filled out by the parent or guardian. Answer "Yes" or "No" to all of the following. Briefly explain all "Yes" answers under the "MEDICAL REMARKS "Section.

	trictions from full activities at this event:			
ILIANUS	SINIALLEGA INEAGLES ITENUID D	IFITITIENIA	FULIU	16
LAST KNOWI TETANUS	N DATE OF INOCULATION OR VACCINATION AGAINST SMALLPOX MEASLES TYPHOID D	IPHTHERIA	POLIO	TB
	_			
	MEDICAL REMARKS			
	Any physical limitations needing special attention	□ Yes	□ No	
	Any special diet requirements	□ Yes	□ No	
	Taking prescription medications or drugs Any reaction to drugs or medications: list type	□ Yes □ Yes	□ No	
	Any disorder preventing strenuous activity	☐ Yes	□ No □ No	
	Any exposure to infections within last three weeks	☐ Yes	□ No	
	Hepatitis, TB, or other communicable disease	□ Yes	□ No	
	Any surgery within past year	☐ Yes	□ No	
	Any medical care in past year	☐ Yes	□ No	
	Wears contact lenses	☐ Yes	□ No	
	Bad eyesight	☐ Yes	□ No	
	Hearing difficulty	☐ Yes	□ No	
	Skin infection	☐ Yes	□ No	
	Shortness of breath	□ Yes	□ No	
	Fainting or dizzy spells	□ Yes	□ No	
	Allergy or asthma	□ Yes	□ No	
	Heart problem Blood pressure problem	⊔ Yes □ Yes	□ No □ No	
	Hoort problem	□ Yes □ Yes	□ No	
	Lung problem			

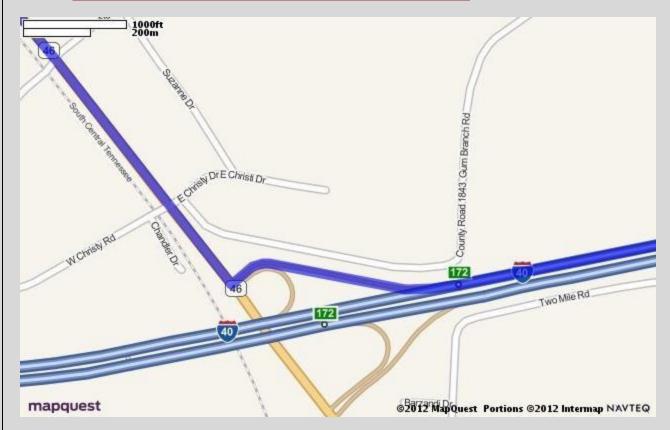




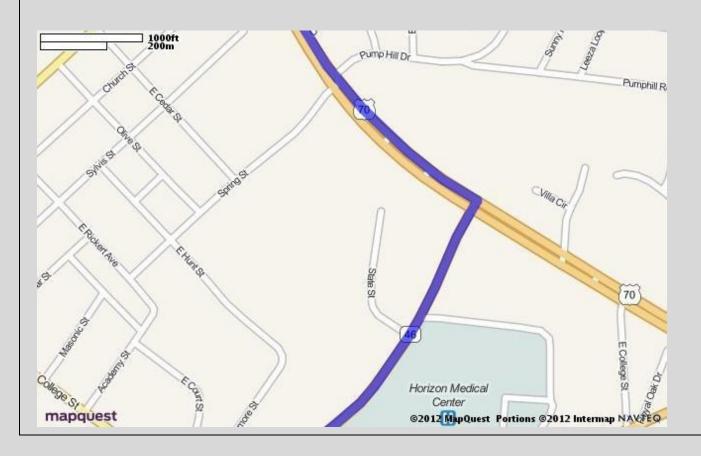
Knife & Hawk Throwing and Black Powder Permission Form

I am the parent or guardian ofwho is a mem				
of the Royal Rangers Program. I give, him permission have in his possession during any FCF event, any firearm as is appropriate for this type of historical document as written consent for my son to partic Fellowship activities which include black powder loatflint and steel - fire starting, frontiersmen crafts and	on to sell, trade, give, receive, or barter and knife and hawk throwing or black powder reenactment activity. Please consider this ipate in any of the Frontiersmen Camping ding and shooting, knife and hawk throwing,			
conducted.				
Signature of parent or guardian	Date			
If you do not want your son,	participating in any of the above activities			
please list:				
Signature of parent or guardian	Date			
If you are under the age of 18, you must have this in order to participate in the above-mentioned activ				
Parents, please complete:				
Name of minor				
Name of Parent completing form:				
Address:				
City State Zip				
Homephone: Wor	k Phone:			
Age Birth date of minor				
Any Information we should know about:				

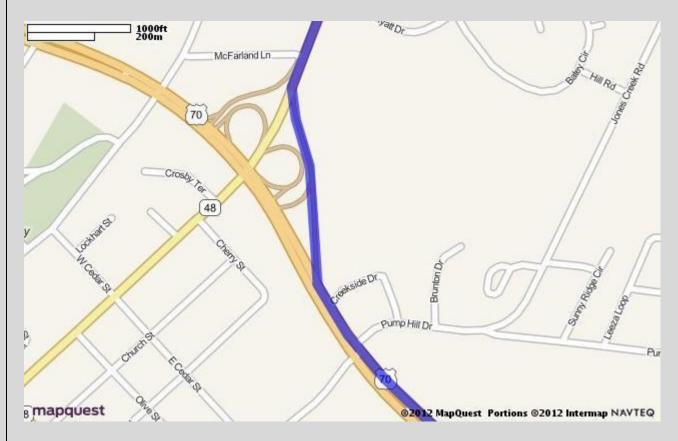
Take the TN-46 exit, EXIT 172, toward Centerville/Dickson.



Turn left onto US-70 W/TN-1 W/TN-46 N.



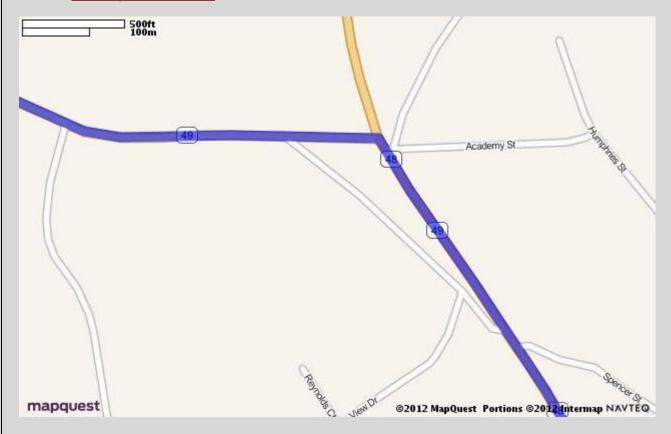
Turn slight right onto ramp



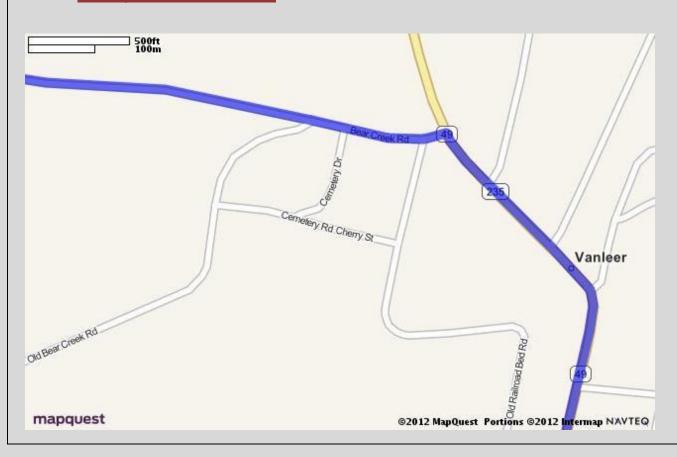
Turn slight right onto TN-48/N Main St. Continue to follow TN-48.



Turn left onto TN-49.



Turn left onto Bear Creek Rd.



Bear Creek Rd becomes New Bear Creek Rd. then New Bear Creek Rd becomes S Bear Creek Rd.



1470 Bear Creek RdVanleer. TN 37181-5008 Camp Telephone: (615) 763-2200

