

Welcome to Ranger Kids Fest 2024

Voice in the wilderness Luke 3:4

Saturday , Sept 14,2024 10am-3pm

Bethany A/G Church

580 Main Street

Agawam, MA

**** On-line Registration Required**

Registration opens @ 9::30am

Early Bird Special....register by Sept 7, 2024

- Pre-Registration Fee for Ranger Kids \$25.00 includes Lunch & Special Vest!
- Commanders fee \$25 includes Lunch
- Parents/ Adults \$10 includes lunch
- Visitors 5yrs-17 yrs Fee -5.00- includes Lunch! (4yrs-under FREE)
- **After Sept 8th-** Late or walk-in registration is \$35 per RK/Commanders
Parents/Adults \$20
Visitors \$10 includes lunch!



RULES OF THE ROAD – Every leader should read and be aware.

- We practice two-deep leadership. A minimum of two (2), pastor certified, male adults must accompany an outpost to RANGER KIDS FEST. Plan ahead to join up with another outpost in your area, if you are short on leaders.
- ALL Visitors 5yr-17yr are welcome but must be pre-registered. Fee \$5.00 Per person (late registration or walk-in fee \$10)**
- 4yr and under Free**
- Water bottles/ Soda / Empandas available for a fee (Supports Missions)
- Garbage bags are provided for meal-related trash.
- Fires are not permitted.
- Please respect any marked “ yellow caution areas” are off Limits” areas
- A designated time for **Assembly and Awards Presentations (10am & 2-3:00 PM) required for everyone to be present.**
- Make sure your boys wear weather appropriate clothing, jackets, sweaters or hats if in the sun for a long period of time.
- Please refer all health emergencies to the **Health and Safety team stationed in designated area.** They will determine whether EMS services are required.
- No Ranger kid or leader** should remain in their designated campsite during Assembly or service.
- Please beware of sitting areas. It’s important that everyone can see, **especially the boys!**
 - **Thank you for your help in making this a safe and fun event for everyone!**

RANGER KIDS FEST ACTIVITIES

The purpose of the **competitive events** is to allow flexibility for the Ranger Kids **only boys kdg- 2nd grades** to participate at the level of their choosing. Please encouraged the boys to watch, jump in and participate. Leaders should feel free to watch, give tips, instruction or play along in a manner that allows the maximum fun for the boys involved. **There will be other fun events for all Rk ,Visitors and families to do and participate as well.**



Please take a few minutes to review this entire booklet.

ARRIVAL AT RANGER KIDS FEST

Registration Opens:

- **Saturday, Sept. 14.2024 at 9:30AM**

Registering: -> Show up at the Registration booth with:

- 1. Activity Supervisory Certification Forms**, completed and signed by your Pastor,
 - i. ALL Adults (Staff, FCF, Cooks, Visitors ,EVERYONE) must be listed on the ASCF!
 - ii. Do the best you can,we understand that some **parents** don't attend church, but at least write their names on the form and run it by your pastor it's only a day event..
- 2. Two (2) copies of the Medical form** for **every person attending** RANGER KIDS FEST.
 - a. One copy is turned for District. One copy stays with outpost.**
 - b. For all medical forms for visitors between 5yrs-17yrs please write on right hand upper corner VISITOR & date of birth is on the form. This is case of emergency.**
- 3. Consent forms for pictures & video** - we must have **one for each boy** signed by his parent or guardian.
- 4. Bring your Master Tool Box to Missions station** and receive **1- Free emapanda**

What to bring? Bring everything you think you or boys may need for day camp,such as change of clothes in case of emergency,**any special food, allergy or asthma medications** needed. **Please bring a canopy for shade and tarp for your outpost to sit.** Money to purchase tickets in order to purchase goodies empanadas beef, chicken, pizza, turkey and others snacks at Missions Booth. **SOLD By tickets ONLY**



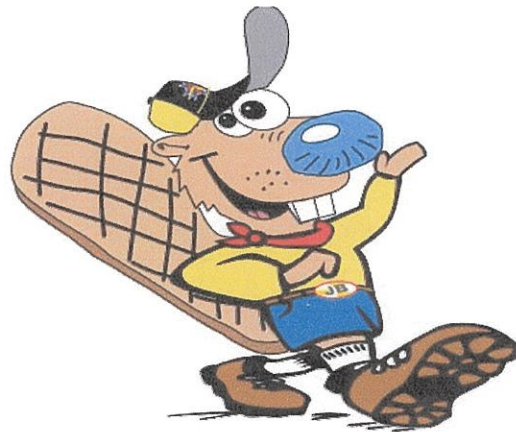
EACH event is required .) There are 5 Events.

Write your boy's names outpost number on each event sheet.
Please print clearly!

When you get to that competition event give to the Commander/ Leader incharge your event sheet for that event.

Make as many copies of each Event time sheets as needed for your outpost.

The Event commander than will fill in results and turn in the Event sheets to Staff for scoring and tallying.



RANGER KIDS FEST SCHEDULE



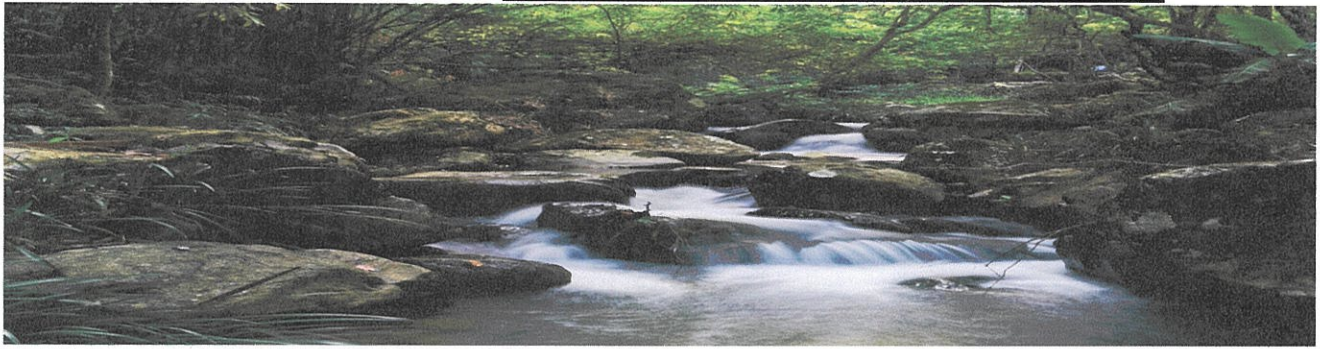
Saturday

9:30 AM	Registration Opens
10:00 AM	Opening Ceremony
10:20AM-12PM	Events/ Free time
12PM-1PM	LUNCH
1PM-2:00PM	Continue Events/ Scavenger Hunt/ Fun-time / 2pm ALL Events Close
2:05PM-2:30PM	Special Guest- (Devotional)
2:30PM-3PM	Announcements/Awards/ Special Recognition /Closing Prayer

*Leaders: please watch your boys and sit with your boys as close to the front as possible during assembly. Please help keep order and keep campground clean. Please be prepared to be ministered to and to minister to your boys.

Thank you!

DON'T FORGET YOUR GOODIE BAG ON THE WAY OUT!





ACTIVITY SUPERVISORY CERTIFICATION FORM

This form is to be completed for all persons involved in the supervision or custody of minors while attending any Network activity involving children and youth. It is being used to help the Network provide a safe and secure environment for those children and youth who participate in our District sponsored program. It is mandatory that any adult attending the event listed below have a background check by the church listed below. The church listed below will be the responsible party to ensure that each individual listed below has had a background check within the last 12 months of this event.

PLEASE PRINT CLEARLY:

Name of Event: _____ Date: _____
Church Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
➤ Person in charge of group at this event: _____

List full name of all persons who will be attending this event in a supervisory or custodial capacity:
(The Pastor's initials must on each line just after the listed name.)

Does your church have a written child abuse policy on file? _____ YES _____ NO

➤ PASTOR'S CERTIFICATION OF CHURCH WORKER(S):

I am personally acquainted with the above named person(s), and in my opinion is/are competent and qualified for work with minors. I know of no facts or allegations that raise any question concerning suitability for working with minors in the above stated District activity. Those named above have had a background check within the last 12 months and is on file with this church.

Pastor's Signature of Affirmation* _____

*Participation in this district event will be denied for those acting in a supervisory/custodial capacity if not signed by the Pastor.

Individual Medical Form

Health History and Medical Permission Form

One form per person (Must have a copy of this for every boy and man when you register at event/camp.)

Please print

NOTIFY IN AN EMERGENCY:

Today's Date _____

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone () _____

Emergency Phone () _____

Date of Birth _____

Relationship _____

Grade _____ Parent Email Address _____

Ranger Outpost # _____ Church Name _____ City _____ State _____

Have you ever been treated for any of the following? **If yes, check the box.**

- Heart disease
- Seizures
- High blood pressure
- Asthma
- Bronchitis
- Diabetes

Please provide additional information about any items (checked Yes) to left.

Date of last Tetanus booster _____
(month and year)

Please identify any allergies, physical impairments or limitations: _____

Please list any medications being taken: _____

Do you wear: (If yes, check the box.)

- Contacts
- Glasses
- Dental appliance

IN THE EVENT HOSPITALIZATION IS NEEDED, PLEASE FILL IN BELOW

Name of Insured: _____
(POLICY HOLDER)

MEDICAL / HOSPITAL INSURANCE COMPANY: _____

POLICY OR CERTIFICATE NUMBER: _____

EMPLOYER: _____ EMPLOYER'S GROUP: _____

NUMBER: _____ SUBSCRIBER'S DATE OF BIRTH: _____

In case of emergency, I hereby give permission to the physician to render treatment. Should the physician deem necessary, I authorize hospitalization, anesthesia, surgery or injection of medication.

Signature (Parent, if minor)

Date

Name of person to contact (Commander or Adult) on premises for information: _____

Southern New England Ministry Network
Photo & Video Release Form

I hereby grant the Southern New England Ministry Network (SNEMN) and Royal Rangers (RR) permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that the SNEMN & RR may use such images, video and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to bound thereby. I hereby release, defend, hold harmless and indemnify the SNEMN & RR from any and all claims for utilizing this material.

Child's Full Name: _____

Street Address/PO Box: _____

City: _____ State/Province: _____ Postal/ZIP Code: _____

Phone Number: _____ Email Address: _____

Child's Signature: _____

If this release is obtained for someone under the age of 18, then the signature of that person's parent or legal guardian is also required.

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Parent/Legal Guardian Signature: _____ Date: _____

