



FORGED IN FIRE

***OCTOBER 18 - 20
320 RAYMOND ST - GARDNER, MA***





2024 Minutemen Chapter Fall Trace

Come join us at the Frontiersmen Camping Fellowship Fall Trace on October 18-20th!

1. We are inviting all members.
2. Come for the fellowship, come for the food and come for the events!
3. Make sure you are current with your dues.
4. Cost: \$20.00
5. Bring a completed Medical form.
6. **Young bucks must also have both Permission slips filled out!**
7. **Old Timers must also have a signed Supervisory Form!**
8. **Plan on registering with forms as soon as you arrive.**
9. Bring extra of your favorite vittles to share Saturday night during our fellowship feast.

Events on Saturday include;

- Knife Throw
- Hawk Throw
- Flint & Steel
- Outfit Judging
- Black Powder shooting



SNE 
MINISTRY NETWORK
ROYAL RANGERS
Minutemen Chapter
2024
Fall Trace

Schedule

Friday

7:00 PM Opening Devotion

Saturday

7:00 AM Breakfast

12:30 PM Lunch

1:00 PM Young Buck Competitions

3:00 PM Range open

6:00 PM Chapter Feast (Cook and bring your favorite meal to share)

7:30 PM Council Fire (Candle shoot afterwards)

Sunday

7:00 AM Breakfast

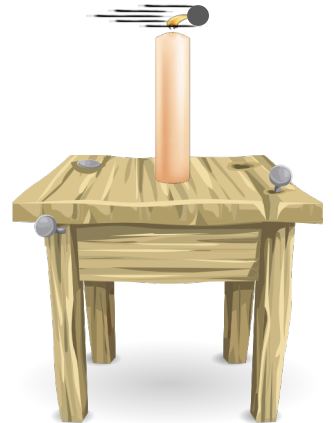
7:30 AM Devotion

8:30 AM Closing / Pack up and go home

(Schedule subject to change, check at event for final schedule)



MINUTEMEN CANDLE SHOOT



- **2nd annual Candle Shoot**
- **Saturday Night after Council Fire**
- **Open to Members with Black Powder Card**
- **Shooters must have all of their own gear**
- **Shooter that successfully shoots flame from candle will have their name added to the Minutemen Chapter Elite Candle Shooting Plaque**
- **AKA - Bragging Rights for Life**

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: _____

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

- Contacts
- Glasses
- Dental appliance

Please list any medications being taken: _____

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: _____



Permission Slip To attend:

FCF Frontier Adventure – Fall Trace

Ranger Camp – 320 Raymond Street – Gardner – MA

This slip must be turned in upon arrival

Name: _____ Birth Date ____ / ____ / ____

Address: _____ City: _____ Zip: _____

Emergency contact person: _____ Relation: _____ Phone: _____ - _____

Other Phone numbers: Phone: _____ - _____ Phone: _____ - _____

I grant permission for _____ to attend this event.

I understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the Royal Rangers staff to secure medical services to provide the care necessary for my child's well being.

Signature of Parent/Guardian: _____ Date: _____

Please list any medical allergies, medications being take, medical problems, or other pertinent information below;





Frontiersmen Camping Fellowship

Knife and Black Powder Permission Form



I am the parent or guardian of _____ who is a member of the Royal Rangers Program. I give, him permission to sell, trade, give, receive, or barter and have in his possession during any FCF event, any knife or black powder firearm as is appropriate for this type of historical reenactment activity.

Please consider this document as written consent for my son to participate in any of the Frontiersmen Camping Fellowship activities which include black powder loading and shooting, knife and hawk throwing, flint and steel - fire starting, frontiersmen crafts and workshop classes, and any other activities 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 form signed by your parent or guardian in order to participate in the above mentioned activities at the Trace and/or Rendezvous.

Parent please complete:

Name of minor _____

Name of Parent completing form: _____

Address: _____

City _____ State _____ Zip _____

Home phone and work phone: Home _____ Work _____

Age _____ Birth date of minor _____

Any Information we should know about:



ACTIVITY SUPERVISORY CERTIFICATION FORM _ New 2021

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 Network sponsored programs.

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 be on each line just after the listed name.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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 he or she 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 during the above stated Network activity. Persons listed above have had a background check within the last 12 months and are on file with this church.

Pastor's Signature of Affirmation* _____

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