

Shipwrecked

ACTS 27



RK FEST 2025

SATURDAY SEP 13



Bethany AG
580 Main St.
Agawam, MA

REGISTER AT: <https://form.jotform.com/241817395452058>



Welcome to Rangerkids Fest 2025

Sept 13, 2025 Registration opens 9:30am

Bethany A/G Church

580 Main Street Agawam , MA

Online Pre- Registration Required

Early bird Pre- registration Ranger kids fee \$25.00 includes Lunch and
t-shirt & Patch

Commanders/Staff Fee \$25.00 includes lunch and patch

Parents/ Adults/Teens 13yrs-17yrs \$10 includes lunch

Visitor kids 5yrs-12yrs fee \$5.00 includes lunch

(4yrs-under free)

After Sept 8th LATE Registrations or Walkin

\$35 for RK/Commanders/Staff

Parents/Adult/Teens 13yrs-17yrs - \$20

Vistors kids \$10

******Please take few minutes to review this
booklet******

Arrival

Registration opens at 9:30 am

Please have all medical forms for your op in a folder with your op number on the front of the folder and give at registration.

****Activity Supervisory certification form must be completed and sign by your Pastor.****

i. All adults (staff, fcf,cooks, visitors EVERY Adult 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 for a few hours.

2 copies of medical forms for EVERYONE in your outpost attending RANGER KIDS EVENT. (IN CASE OF AN EMERGENCY)

i. Folder copy for the Nurse to review ,

ii. One copy stays with your outpost

3 –Consent forms for pictures & videos – We must have written consent signed by parents/ guardians for children.

4– Bring Master tool box for Missions and receive a special gift.



RK FEST 2025

What to bring?

- 1-Bring everything and anything you think you and your boys may need.**
- 2-Bring change of clothes/footwear/towel to change (water games)**
- 3-Medications needed**
- 4-Bring a canopy for shade and tarp for your outpost to have a place to sit.**
- 5-Money to purchase tickets for goodies or empanadas (beef , chicken, turkey and other snacks at Missions booth.)**

Missions fundraiser is sold by Tickets Only @ missions booth

- 6- *****If anyone of your op has special diet please bring own lunch!!!!**

Lunch 12-12:45Pm

Cheese Pizza/ Pepperoni, chips, & juice



Fun events(everyone)

Archery/Ax throw/Shake the snake/

Boat craft/Bouncy house /Face painting/

Table games/ Stay afloat beach ball challenge

**Tug a War, Water Sponge race (after Rangerkids compete)

Competetion Events (only Ranger Kids can compete)

1- Fish to survive (time Event & how many fish)

2- Airboat race w/water guns (timed event)

3- Speedboat race (1st-5th place) (timed event)

4- Extreme inflatable obstacle course

(timed event (1st-5th place)

5-Outpost event- 10 boys Water Sponge Run

(1st team to fill bucket wins)

6- Outpost tug a war-10 boys

Champion team winners)

Op leader must fill out event sheet prior to going over
to the competition event 1 form per event

(there are 6 main events)

Please clearly write boys name and op number than
give to staff running event

The event staff commander will then taly up scores for
the final winners



Satuday schedule

930 am– Registration opens

10am Opening ceramony

10:20–12 noon– Events/ Fun Events

12–12:45pm LUNCH

12:50pm –1:55pm– Continue Events/ Fun Events

2:00– 2:30pm Special Guest Devotional)

2:30–3:00pm Announcments / Awards/ Special Recognitions/
Closing Prayer

Leaders: Please take your entire outpost to do "Crafts Table"
to make their special theme craft

Please play and encourage to do all the activities

Please help keep grounds clean and in order

Please watch your boys & have them sit in the front rows in
the sanctuary.

Prepare to be ministered and minister to your boys.

Don't forget to fill out the survey on your way out to help us
improve this event

Most important Make sure your Op gets their goodie bag
before leaving.

Volunteers are always needed.



EVENT SHEET--Name of
event_____

Coordinators/Op leader

Time/final score

Please fill out name and Outpost number

Be completed by Event Staff

[illegible]

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: _____



SS

