

# **CENTRAL VALLEY SECTION POW WOW**

**OCTOBER 1<sup>ST</sup>, 2<sup>ND</sup>, & 3<sup>RD</sup>, 2010  
TONTO VILLAGE, PAYSON AZ**

**ALL DISCOVERY, ADVENTURE, AND EXPEDITION  
RANGERS  
ALSO, RANGER KIDS  
IF ACCOMPANIED BY A MALE ADULT  
(FATHER OLDER BROTHER, UNCLE, ETC., AND MUST  
REMAIN WITH THE CHILD)**

**ON OCTOBER 1<sup>ST</sup>, REGISTRATION STARTS: 5:00 PM  
NORTH PARKING LOT FAMILY LIFE CENTER**

**LEAVING FROM PHOENIX FIRST OCTOBER 1<sup>ST</sup>,  
6:00 PM  
NORTH PARKING LOT, FAMILY LIFE CENTER**

**RETURNING TO PHOENIX FIRST OCTOBER 3<sup>RD</sup>,  
4:00 PM  
NORTH PARKING LOT, FAMILY LIFE CENTER**

## **NOTE TO PARENTS**

**PLEASE BE EARLY IN DROPPING OFF AND PICKING UP YOUR SON.  
EACH CHILD OR PARENT MUST BE CHECKED IN BEFORE DEPARTING.**

**THIS POW WOW IS **FREE**  
HOWEVER, YOU MUST REGISTER IN THE RR OFFICE SEPT. 15, 22, & 29  
EACH NIGHT VERIFYING THAT YOU WERE IN ATTENDANCE FOR  
3 WEEKS IN A ROW.  
ALL OTHERS WILL PAY \$40 EACH, MAX \$80 A FAMILY**

***BRING A SACK LUNCH FRIDAY***

## **REGISTRATION DEADLINE**

THE LAST NIGHT FOR REGISTRATION WILL BE WEDNESDAY NIGHT, **SEPT. 29<sup>TH</sup>**. THERE WILL BE NO EXCEPTIONS UNLESS PRIOR PERMISSION IS OBTAINED FROM **COMMANDER GAYLE JARRELL**. A CHECK, MONEY ORDER, OR CASH SHOULD BE ATTACHED TO THE REGISTRATION SLIP.

## **NO LATE REGISTRATION ON OCTOBER 1<sup>ST</sup>, 2010**

**GUESTS**: BOYS WILL BE ALLOWED TO INVITE ONE (1) GUEST TO THE POW WOW. HE WILL HAVE TO FILL OUT AN APPLICATION ALONG WITH A **SIGNED MEDICAL CONSENT FORM**. THE GUEST MUST ALSO ATTEND **3 WEEK IN A ROW** TO GO FREE. OTHERWISE A **\$40.00 FEE** WILL BE REQUESTED OF THE GUEST.

AS IN THE PAST, THERE WILL BE MANY EVENTS TO COMPETE IN. OUR VERY OWN, CMDR. JERRY TINSMAN WILL BE OUR GUEST SPEAKER.

PLEASE REMEMBER TO PRAY FOR THE CAMP AND ALL CAMPERS AS WE PREPARE TO WORSHIP GOD AND SEEK **HIS** WILL.

## **MEDICATIONS:**

A SIGNED NOTE FROM A PARENT WITH FULL INSTRUCTIONS MUST ACCOMPANY MEDICINE/S. THERE WILL BE **NO EXCEPTIONS**.

A CURRENT, UP-TO-DATE **SIGNED MEDICAL CONSENT FORM** MUST BE ON FILE WITH THE RANGER OFFICE. AGAIN, **NO EXCEPTIONS**. WITHOUT IT, YOUR SON **CANNOT** GO WITH US TO THE POW WOW.

IF THERE ARE ANY QUESTIONS IN REGARDS TO THIS POW WOW OR THE INFORMATION CONTAINED IN THIS FLIER, PLEASE CONTACT YOUR SON'S COMMANDER. IF ANY PART OF THIS LETTER IS NOT CLEAR OR YOU WOULD LIKE TO DISCUSS IT WITH ME, CALL: **COMMANDER GAYLE JARRELL** AT (602-882-3247) AFTER 5:00 PM.

IN THE PAST, WE HAVE HAD PROBLEMS WITH BOYS BRINGING TOO MANY SNACKS TO THE POW WOW WITH THEM. WE WILL HAVE FREQUENT MEALS SO THEY CAN LEAVE MOST OF THEIR SNACKS AT HOME. THANK YOU FOR YOUR COOPERATION IN THIS MATTER.



## THINGS TO BRING:

- ROYAL RANGER UNIFORM  
(IF YOU HAVE ONE)
- TWO (2) COMPLETE CHANGES OF CLOTHES  
(FOR CHURCH AND THE RETURN HOME TRIP)
- ADDITIONAL CLOTHES FOR AT LEAST ONE CHANGE WHILE AT  
CAMP
- WARM JACKET, GLOVES, BALL CAP OR STOCKING CAP
- THERMAL UNDERWEAR FOR THE *COLD NIGHTS AND MORNINGS* (WE  
WILL BE AT 6000 FEET SO IT WILL GET COLD)
- SLEEPING BAG (*good to 10 degrees or lower*) OR BED ROLL, AND A  
PILLOW (EXTRA BLANKET, JUST IN CASE)
- THE HOLY BIBLE, (NIV)
- ADVENTURES IN CAMPING HANDBOOK
- YOUR AGE GROUP HANDBOOK
- CANTEEN OR WATER BOTTLE
- EXTRA SHOES OR BOOTS FOR HIKING, 3 PAIR OF SOCKS
- TOWEL, WASHCLOTH, SOAP, TOOTHBRUSH, TOOTHPASTE, COMB  
OR BRUSH

## THINGS NOT TO BRING:

- LOOSE MATCHES  
(EXCEPT IN SURVIVAL KITS)
- OIL BURNING LANTERNS
- SHEATH KNIVES  
(A POCKET KNIFE IS OK IF YOU HAVE THE TOOL CRAFT MERIT)
- HATCHETS
- RADIOS, IPODS, WALKMANS, EARPHONES, ETC.
  - VIDEO GAMES OF ANY SORT
- BASEBALL OR COLLECTOR TYPE CARDS
- CARBONATED DRINKS

Attach Funds Here

# CENTRAL VALLEY SECTION POW WOW PERMISSION SLIP

<b>RK</b>		<b>DR</b>		<b>AR</b>		<b>ER</b>	
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(Please Check)

**MY SON:** \_\_\_\_\_

**HAS PERMISSION TO ATTEND THE  
CENTRAL VALLEY SECTION  
POW WOW ON OCTOBER 1<sup>ST</sup>, 2<sup>ND</sup>, & 3<sup>RD</sup>, 2010**

**BIRTHDAY:** \_\_\_\_\_ **CURRENT GRADE** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY/ZIP:** \_\_\_\_\_

**PHONE NUMBER (HOME):** \_\_\_\_\_

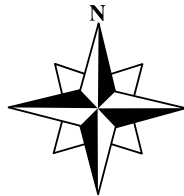
**PARENT WORK NUMBER:** \_\_\_\_\_

**PARENT CELL PHONE:** \_\_\_\_\_

**ALTERNATE PHONE NUMBER:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**ADDITIONAL ATTENDEE** \_\_\_\_\_







# CONSENT FOR EMERGENCY CARE

MEMBER'S NAME:

\_\_\_\_\_

(Check One)

<input type="checkbox"/>	<b>Ranger Kids</b>  K – 2 <sup>nd</sup> Grade	<input type="checkbox"/>	<b>Discovery Rangers</b>  3 <sup>rd</sup> – 5 <sup>th</sup> Grade	<input type="checkbox"/>	<b>Adventure Rangers</b>  6 <sup>th</sup> – 8 <sup>th</sup> Grade	<input type="checkbox"/>	<b>Expedition Rangers</b>  High School
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BIRTHDAY OF MEMBER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**BE IT KNOWN** that I, the undersigned parent or guardian of the member above named, do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment or care to said member as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said member should be injured or stricken ill while participating in an activity sponsored or sanctioned by the ARIZONA DISTRICT OR PHOENIX FIRST ASSEMBLY OF GOD GIRLS MINISTRIES, ROYAL RANGERS, SUNDAY SCHOOL OR YOUTH PROGRAM.

**IT IS HEREBY** understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extent for as long as said member is a member of or involved with PHOENIX FIRST ASSEMBLY OF GOD.

**IT IS FURTHER** understood that any expenses incurred will be paid for by insurance or the parent of the member; payment of the expense shall in no case be the responsibility of the ARIZONA DISTRICT OR THE PHOENIX FIRST ASSEMBLY OF GOD CHURCH of Phoenix Arizona.

DATED the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
at \_\_\_\_\_ Arizona.

\_\_\_\_\_  
(Father or legal guardian) (Mother or legal guardian)

Address/Apt #: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

## MEDICAL HEALTH HISTORY

(To be filled out and signed by parent or legal guardian)

Does your child, \_\_\_\_\_ have, or has your child had any of the following: (CHECK A BOX FOR EACH ITEM LISTED BELOW)

YES	NO	(Check each item)
		Allergy to bee sting
		Anemia
		Arthritis
		Asthma
		Chicken Pox
		Concussion
		Diabetes
		Eczema
		Emotional Problems
		Epilepsy
		Fainting (severe)
		Heart Murmur
		Hepatitis
		Hernia
		Hives

YES	NO	(Check each item)
		Kidney trouble
		Measles
		Migraine headaches
		Mononucleosis
		Mumps
		Pneumonia
		Polio
		Rheumatic Fever
		Sinus Trouble (severe)
		Sore Throats (severe)
		Tuberculosis
		Whooping Cough
		Other:

Operations: \_\_\_\_\_  
Nature Year Nature Year

Fractures: \_\_\_\_\_  
Nature Year Nature Year

To which medications is the member allergic to: \_\_\_\_\_  
 \_\_\_\_\_

If member is now under medical treatment, what type:

Dr. Name: \_\_\_\_\_

Dates of last: Tetanus booster: \_\_\_\_\_ Chest X-ray: \_\_\_\_\_