



Michigan District Royal Rangers **ADULT** Registration Form and Medical Information

This form must be completed and signed to attend this event. *PLEASE PRINT!*

Event: _____ Location: _____ Date: _____

Name _____ Phone _____ Age _____

Address _____

City _____ State _____ Zip _____

Church _____

Church Address _____

City _____ State _____ Zip _____

Name of Commander Responsible _____

Pastor _____ Outpost # _____

Medical and Emergency Information

Contact Name for Emergency _____

Emergency Phone # _____

Doctor Name _____ Doctor Phone # _____

Medical History: Good Health? _____

Allergies? _____

Any Physical Impairments (Heart, Epilepsy, Hearing, Vision, Asthma, Diabetes, etc.)? _____

Specify any medication that must be administered. Any special instructions? (Use other side if necessary).

Date of last Tetanus Shot: _____

PASTOR'S Certification for Church Worker

Pastor's Signature _____

Pastoral Position at Church _____ Date _____