



## NATIONAL ELEMENTARY EDUCATION CONFERENCE REGISTRATION INFORMATION

To insure successful registration for this training event, please keep the following items in mind:

- All information requested on the application, such as your contact information and complete date of birth, must be provided.
- A **Participant Agreement and Medical Record** must be completed prior to arrival at the conference. All information requested on the **Participant Agreement and Medical Record**, including insurance information, must be completed and the form must be signed and dated by the applicant.
- The fees quoted on the application are **per person** fees.
- Payment in full or the \$75.00 pre-registration fee **must be received** with the application to secure your place at the event **and to qualify for the early registration discount**. We cannot guarantee your place at the event or the early registration discount without the \$75.00 minimum payment.
- Online registration accepts Visa, MasterCard, American Express or Discover credit/debit cards. If using this method of payment, the cardholder's name as it appears on the card, signature, and billing address/phone number must be provided in the space along with the card number, expiration date and the amount to be charged. (If registering online, there will be an online payment plan option.) **Online registration is available up until three (3) days prior to the start date of the event.**
- Applications may also be mailed or faxed to the Royal Rangers training office. Checks or money orders should be made out to **ROYAL RANGERS**. Please **do not send cash**. **For security reasons, please DO NOT email credit card information!**
- Payment confirmation and additional event information will be sent to the email address listed on the application when it is processed. If registering by postal mail, please allow seven business days for registration confirmation to be received.
- Any balance due will be collected onsite during the event registration.
- All sessions must be attended in order to receive credit for this training. **Those arriving after the conference begins or leaving before the conference ends may not receive credit for the event, and may not receive a refund.**
- Late applicants – those wanting to register within eight (8) days of the start date of an event – should call the RR training office **prior to sending in their application or prior to registering online** for instructions. Late registrations should never be sent by mail.
- If you need to cancel your registration, submit a written request to [rrtraining@ag.org](mailto:rrtraining@ag.org) eight (8) days prior to the event start date. Your registration fee will be refunded, less a \$25.00 processing fee. Cancellation requests submitted inside of eight (8) days before the start date of the event will be handled on a case-by-case basis, but may result in forfeiture of the \$75.00 deposit (additional funds paid beyond \$75.00 will be refunded). Refunds are not provided for no-shows, late arrivals, or early departures from the event.

Royal Rangers, 1445 N. Boonville Ave. Springfield, MO 65802-1894  
Training office phone: 417.862.2781, x4179 Email: [rrtraining@ag.org](mailto:rrtraining@ag.org)

# National Elementary Education Conference

## Information and Equipment List

**NEEC Time Frame: Friday, 8:30am through Saturday, 4:30pm.**

**NEEC Registration: Friday, 8:30am to 9:30am.**

(A complete schedule of activities will be included in the information you receive at the event.)

### UNIFORM OPTIONS

**Utility (RR utility shirt with either tact pants with black belt OR blue jeans with brown or black belt)**

**Special (RR t-shirt, RR sports jersey/polo, with either blue jeans with brown or black belt OR tact pants with black webbed belt)**

## Equipment Checklist

**(Please bring enough clothing items for a fresh change when needed.)**

Bible	Jeans or Work-type Pants
Leader Manual	Royal Ranger/RK T-Shirts
Ranger Kids Handbook	“Athletic” Shoes – Shoes appropriate for active wear. <b>(No sandals or flip flops, please.)</b>
Pen/Pencil	Weather-appropriate Gear (jacket, raingear, etc.)
Paper for notes	Sunglasses (Optional)
Sleeping Bag/Bedding/Pillow	Pocket Knife (Optional)
Sleepwear/Personal Clothing Items	Personal First Aid Kit (Optional)
Water Bottle	Materials for Patrol Spirit Projects (Optional)
Towel/Washcloth	Insect Repellent/Sunscreen (Optional)
Personal Hygiene Items	
Any Medications Needed	
Flashlight/Batteries	

**PLEASE NOTE: Headgear will be provided.**

# PARTICIPANT AGREEMENT AND MEDICAL RECORD

## National Training Events: NRMC and NEEC

This "Participant Agreement and Medical Record" form must be submitted with the **NEEC** or **NRMC** application. Your registration will not be complete until this fully completed form has been received.

**PARTICIPANT'S NAME:** \_\_\_\_\_ Age: \_\_\_\_ Denomination: \_\_\_\_\_ Ranger District: \_\_\_\_\_ Outpost: \_\_\_\_\_

**MEDICAL INSURANCE:** Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

**HEALTH HISTORY:** Do you currently have, or have you ever been treated for any of the following?

Y	N	Condition
		<i>Abdominal/digestive problems</i>
		<i>Asthma/breathing problems</i>
		<i>Behavioral/neurological disorders</i>
		<i>Bleeding disorders</i>
		<i>Ear/sinus problems</i>
		<i>Excessive fatigue</i>

Y	N	Condition
		<i>Fainting spells</i>
		<i>Kidney disease</i>
		<i>Thyroid disease</i>
		<i>Heart disease, heart attack, heart murmur</i>
		<i>Hypertension( high blood pressure)</i>
		<i>Stroke</i>

Y	N	Condition
		<i>Lung/respiratory disease</i>
		<i>Muscular/skeletal condition</i>
		<i>Sleep disorders</i>
		<i>Sickle cell disease</i>
		<i>Seizures</i>
		<i>Food allergies</i>

If yes to any, please explain:

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**IMMUNIZATIONS:** The following immunizations are recommended. Please indicate below if you have received the immunization, and the date received. The CDC (Center for Disease Control) also recommends that you be current on the following immunizations: Influenza (flu), Pneumonia, Meningococcal, Hepatitis A, Hepatitis B and Polio.

Immunized?		Immunization	Date Received	Had disease?		Date(s) you had the disease
Y	N			Y	N	
		<i>Td/TDAP – Tetanus, diphtheria, pertussis</i>				
		<i>MMR – Measles, Mumps, Rubella</i>				

**MEDICATIONS:** Please indicate below all medications currently being used, including items for occasional or emergency use. Attach additional forms if additional space is needed.

Medication	Strength	Frequency	Approx. Date Started	Needed For

**Please provide additional information concerning current health or medical conditions not referenced elsewhere:**

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### GENERAL CONSENT

I understand that participation in National Rangers Ministry Camp or National Elementary Education Conference involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved.

I release the General Council of the Assemblies of God, national Royal Rangers office, all employees, the activity coordinators, volunteers, and related parties, or other organizations associated with the activity from any and all claims of liability arising out of this participation. I further acknowledge my understanding that media footage, including audio, video and photos may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of myself in any form and relinquish all rights of ownership or compensation. It is further understood that acceptance of these terms is a condition of my participation in this event.

### PARTICIPANT SIGNATURE

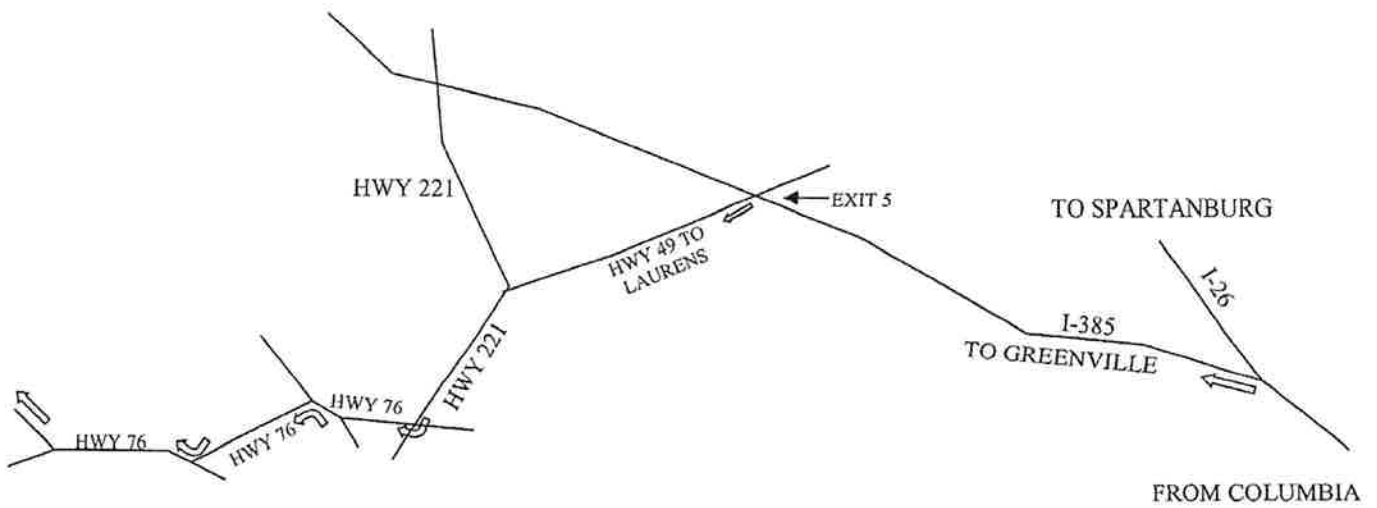
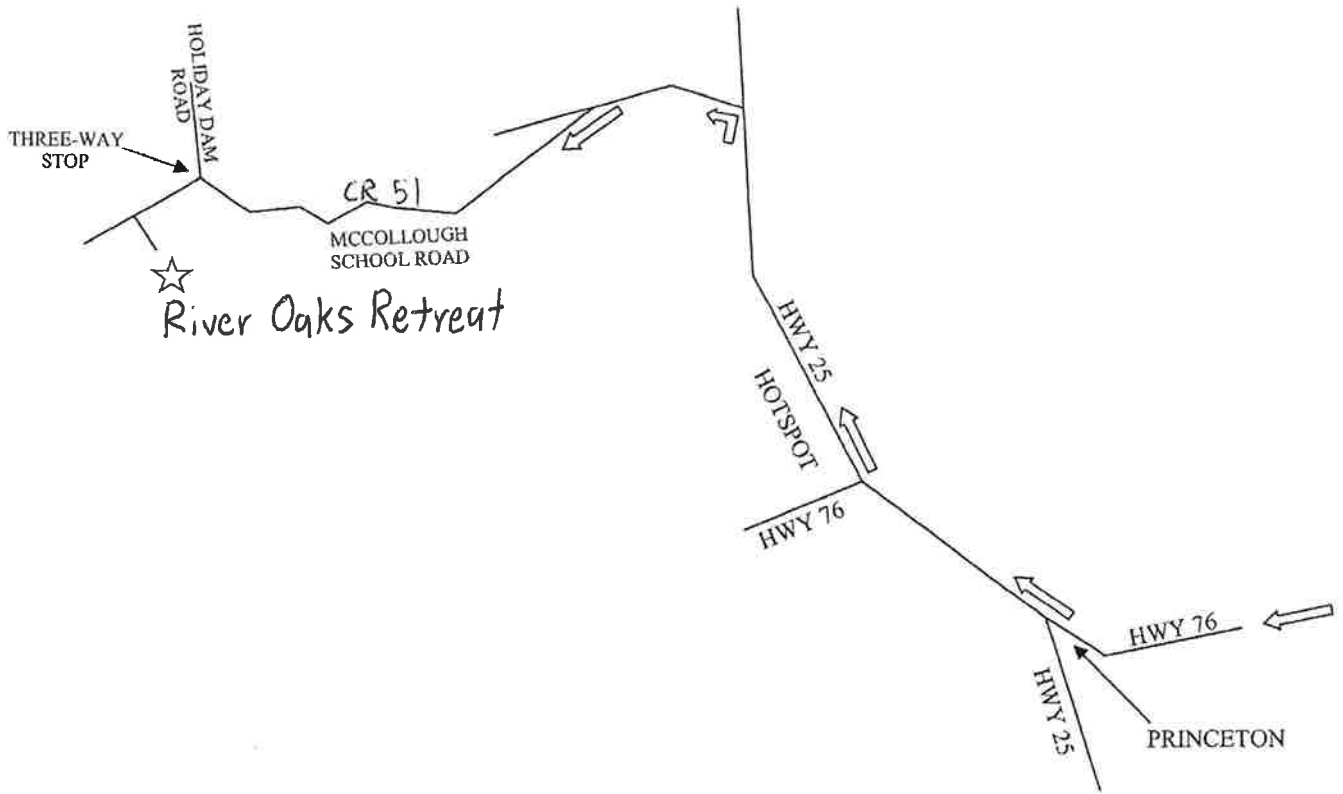
My signature acknowledges that I have truthfully abided by the requirements as stated on this application. My signature verifies I am age 18 or older by the starting date of this event. My signature also indicates my permission for emergency medical treatment should the need arise while at this event or while traveling to or from the event site.

\_\_\_\_\_

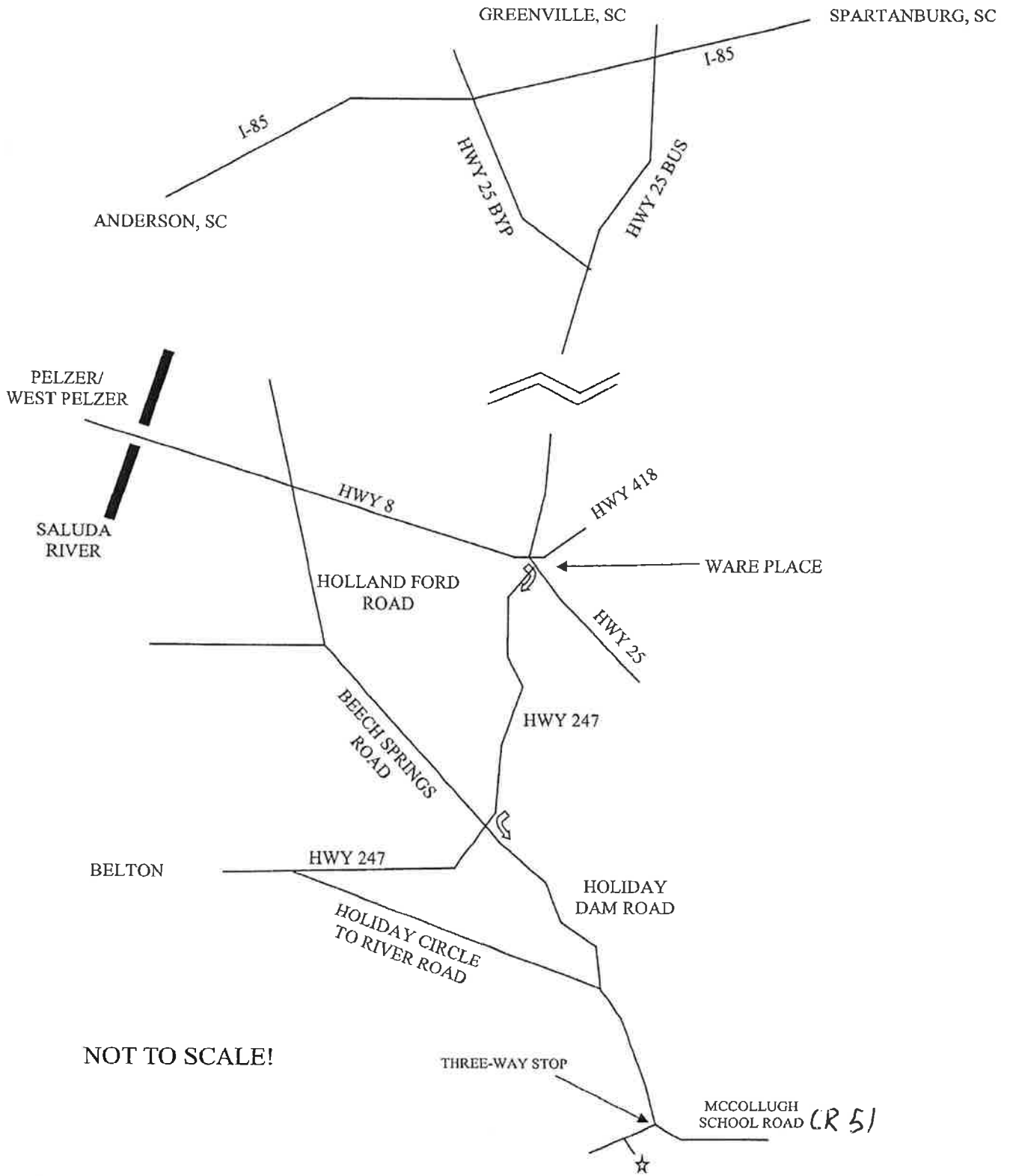
Participant's Signature

\_\_\_\_\_

Date



**River Oaks Retreat Center**  
 180 Youth Camp Rd.  
 Honea Path, SC 29654  
 864-634-7600



NOT TO SCALE!

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*River Oaks Retreat*