



Ranger Information

Outpost 144 New Jersey District

Form Date: _____

Ranger's Name: _____

Address: _____

City State Zip Code

Phone No.: Home Work Cell

E-mail: _____

Birth Date: _____ Age: _____ Grade: _____

School: _____

Hobbies/Interests: _____

Allergies/Medical Conditions: _____

Parent/Guardian Information

Father's/Guardian Name: _____

Address: _____

City State Zip Code

Phone No.: Home Work Cell

E-mail: _____

Marital Status	
Married	_____
Divorced	_____
Separated	_____
Widowed	_____
Single	_____

Mother's/Guardian's Name: _____

Address: _____

City State Zip Code

Phone No.: Home Work Cell

E-mail: _____

Marital Status	
Married	_____
Divorced	_____
Separated	_____
Widowed	_____
Single	_____



Medical Emergency Information and Treatment Authorization

Outpost 144 New Jersey District

Ranger's Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Father / Guardian's Name: _____ Occupation: _____

Mother's / Guardian's Name: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____

Name _____ Phone # _____

Parent Phone No.: _____

Home _____ Work _____ Cell _____

Name Child's Doctor: _____ Phone No.: _____

Date of child's Last Doctor's Examination / Physical: _____

List any medical conditions the child has: _____

List regular medications child takes, and reason for taking them: _____

List any medications the child is allergic to: _____

List any operations the child has had: _____

List anything child is allergic to: _____

Explain any special treatment child needs: _____

Can your child swim? _____

Medical Treatment Authorization

_____ has my permission to participate in any sanctioned activity of Nutley Abundant Life Worship Center, 390 Washington Ave., Nutley, NJ 07110, Royal Ranger Outpost 144, that is supervised by the Outpost 144 commanders.

I understand that all the necessary precautions have been taken for the safety of my child, and I will be notified in the case of any emergency involving my child. I authorize the calling of a doctor, and the providing of medical treatment to my child in the event of an accident, injury, or sickness. I understand that Nutley Abundant Life Worship Center, or the Royal Rangers are not responsible for the medical expenses incurred for any Medical treatment given to my child. The medical expenses will be my responsibility as parent, or guardian.

I agree to notify Nutley Abundant Life Worship Center Royal Rangers of any change in the health condition, of my child, that would effect my child during any Royal Ranger activity. I also, understand that any Royal Ranger commander may restrict my child from any activity that he/she feels may be unsafe or beyond my child's capabilities.

Parent's / Guardian's Signature: _____ Date: _____



After Meeting pick-up

Outpost 144

Year: _____

Rangers Name: _____

Please list the person(s) that will be picking up your son from Ranger meetings and outings:

Name: _____

Relation: _____

Contact Phone: _____

Name: _____

Relation: _____

Contact Phone: _____

Name: _____

Relation: _____

Contact Phone: _____

Name: _____

Relation: _____

Contact Phone: _____

Name: _____

Relation: _____

Contact Phone: _____

Name: _____

Relation: _____

Contact Phone: _____

