



Greetings Senior Commander and Fellow FCF Members,

The Sectional Brigade Trace is approaching. The camp will be September 23rd, 24th, and 25th at Ed Kuzmick's. We will camp Friday and Saturday nights.

The brigade trace is one prerequisite to The Big Adventure held at our Ohio District FCF Spring Trace. Please have all potential FCF candidates attend our brigade trace. FCF candidates will be taught two classes in FCF skills. **Every outpost** that currently participates in FCF needs to provide materials & equipment for their candidates to complete a class in flint & steel and hawk & knife.

We are adding classes to this years' trace. Classes for **FCF members** will be added to assist you in working towards your Wilderness Advancement. Portions of the primitive snares, wilderness survival, and primitive shelters merit will be taught.

The cost of our trace is **\$5.00**. Please pay the registration fee of \$5.00 per individual attending. Checks should be made payable to NEO Royal Rangers.

We will camp by outpost, please plan meals for your FCF members and candidates. We will **not** share a potluck meal on Saturday night this year. Instead, please plan on making a dessert to share after the Saturday evening meal. There will be a council fire Saturday night.

FCF members bring your FCF values to this trace. We need to set the example for our new candidates on camps, clothing, and other skills. We are especially lacking in setting an example in wearing our outfits/clothing during these events. Therefore, all FCF members must be in outfit at this event. No 2000 era clothing for FCF members!

Commander, you must bring a completed Sectional Permission Form for each boy attending. It is imperative we have this on hand in the event of an emergency. In addition, please fill out the FCF Brigade Trace Registration Form. These forms are located on our Sectional website. Bring them with you!

Finally, I would like to call your attention to the National FCF website. I often get questions regarding FCF. These include questions regarding requirements for FCF membership, the Buckskin Advancement, the Wilderness Advancement, Trappers Brigade, etc. The National Website is an excellent source of information for these items. The site is: www.nationalfcf.com

Thank you and feel free to contact me with any questions. My contact information is listed below. God Bless!

In His Service,
John Oros, Lone Buck
Sectional FCF Agent
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NORTHEAST OHIO SECTIONAL ROYAL RANGERS
INDIVIDUAL EVENT REGISTRATION FORM

Event _____ (DATE) _____

This entire page **MUST** be completely filled out, turned in to your Senior Commander, and brought to the Sectional Royal Ranger Event. **PLEASE PRINT**

BOYS NAME _____ **AGE** _____ **OUTPOST #** _____

ADDRESS _____ **CITY** _____ **STATE** _____
ZIP _____

CHURCH _____ **CITY** _____ **PASTOR** _____

NAME OF COMMANDER RESPONSIBLE _____

PARENT PERMISSION FORM

I hereby authorize _____ to accompany the Royal Rangers to the Sectional Event. I understand the arrangements and feel that adequate precautions for the safety of my child have been, and will continue to be, taken. I

will not hold the local church or its leaders; or the local outpost Royal Ranger leaders; or the Sectional Staff; or the Ohio District Council, Inc. of the Assemblies of God; responsible for any accidents. I understand the Section **will not** provide insurance. **Primary** insurance is the responsibility of the Parent/Guardian of the child. **Secondary** insurance is the responsibility of the Church of the Royal Ranger Outpost to which the child belongs.

SIGNATURE _____ **DATE** _____

(Parent or Guardian)

EMERGENCY MEDICAL INFORMATION AND INFORMATION

This form must be signed by parent or guardian, and accompany the child to the event. The purpose of the form is to make it possible for parents and guardians to authorize the provisions of emergency treatment for MINOR Royal Rangers who may become ill or injured at a Sectional event. You can authorize such emergency treatment for your child, by completing this form:

I, _____ (Parent or guardian's name) OF _____ (City) _____

(State) _____ THE _____ (Father, Mother, Guardian) OF _____ (name of child)

A MINOR, WHO IS ATTENDING A ROYAL RANGERS' SECTIONAL EVENT, DO HEREBY GIVE MY CONSENT, IN THE EVENT THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY LICENSED PHYSICIANS, DENTISTS, OR EMERGENCY PERSONNEL AT SAID EVENT.

(SIGNED). _____

(Parent or Guardian)

Home Phone (____) _____ **Business Phone** (____) _____ **ext.** _____

Cell Phone (____) _____

Doctor's Name _____ **Phone** (____) _____

CHILD'S MEDICAL HISTORY: Good health? Yes__ No__ please explain _____

Allergies _____

Physical Impairments (Heart, Epilepsy, etc.) _____

SPECIFY ANY MEDICATION THAT MUST BE ADMINISTERED: _____

Date last TETANUS shot: _____ **ANY SPECIAL INSTRUCTIONS? (Use other side if necessary)** _____

