

FRONTIERSMAN CAMPING FELLOWSHIP SEMINOLE CHAPTER



Attention F.C.F. Frontier Adventure Candidate,

So you want to join the mysterious ranks of the Seminole Chapter FCF? Your first step is to fill out the attached application completely and obtain the necessary signatures. Submit that application along with your online payment, check or money order for \$35, and get ready. Oh I forgot! You're a Royal Ranger so you are already **READY!** Good for you. The deadline for your online application is February 7th, 2020. (All applications that are mailed must be postmarked by January 29th as well.)

Your next step is to complete the Trappers Brigade introduction. The first segment of the Frontier Adventure will be March 13th thru 14th, 2020 at the Royal Ranger property located on the East side of highway 17 South of Fort Meade. (Camp Wilderness)

You will report at 4:00pm Friday March 13th, 2020, wearing your outpost uniform (Royal Ranger T-shirt, utility shirt, etc.), and some form of work pants, ready for further instructions. If you are a minor you **must have** a knife and hawk permission slip to participate in the adventure, and all applicants must have a signed and notarized District Medical form as well as a signed pastor's endorsement. If you did not forward of the required forms with your application please be sure to bring them with you when you report on the 13th.

You will report behind the lodge under the power lines at 4pm sharp to the camp commander.

You will need to bring with you the following items:

- (1) 3 foot leather shoelace
- A \$2 bill
- Parched corn
- Baker's chocolate (Not a candy bar! - No Hershey's bar, no Nestle's, no Mars Bar, Milky way, Kit-Kat, etc.)
- Silverware and eating utensils

The remainder of your Adventure will be at Pow-Wow April 17th-18th at Camp Wilderness, more information about that will be given to you at the close of your Frontier Adventure.

Arrive early enough to allow time to set up your camp and to make it to registration before the 4:00 PM deadline. You will receive more directions at that time. All meals on Saturday will be provided by the chapter, but dinner on Friday will not be. Make arrangements to eat dinner before you report in or bring your own dinner on Friday.

It would be to your advantage to spend some time with your F.C.F. sponsor or another local F.C.F. member discussing your new **Adventure**. Remember, **early is on time, on time is late, and late is unacceptable!** God be with you on your great **Adventure** into the great American Frontier and we look forward to seeing you soon!

"Ready" In His Service

Scribe

Seminole Chapter FCF



Frontiersmen Camping Fellowship

FCF Membership Application



Name _____ Birthdate _____ (mm/dd/yyyy)
 Address _____
 City _____ State _____ Zip Code _____ Email _____
 Home Phone _____ Business Phone _____
 Church _____ Church Phone _____
 Church Address _____ Outpost # _____
 Activities in church other than Royal Rangers _____

Present Royal Rangers Position

Group Leader Asst. Group Leader Outpost Coordinator
 Asst. Outpost Coordinator Outpost Committee Outpost Chaplain
 Adventure Ranger Expedition Ranger Pastor

Membership Requirements

Boys Only

- Graduate of the fifth grade? Y N Date of your 11th birthday: _____
- Are you an active member of your local chartered outpost? Y N
- Choose one:
 - Completed Gold Eagle GE# _____
 - Completed Bronze Medal of Achievement BMA# _____
 - Completed E1 Date: _____

Leaders Only

- Date you completed the Ready level of OLAL: _____
- Date you completed the Safety level of OLAL: _____
- Are you an active member of your local Chartered Outpost? Y N
- Are you presently a member in good standing in your church? Y N

Boys and Leaders

- Complete a Frontier Adventure.

Upon receipt of this application and fee, your chapter scribe will contact you concerning the date and location of the next Frontier Adventure.

PASTOR'S ENDORSEMENT/COMMENTS

Does the candidate live his life in a Christ-like manner? Please explain:

Pastor's Signature _____ Date: _____

Phone: _____ Email: _____

OUTPOST COORDINATOR'S ENDORSEMENT/COMMENTS

Outpost Coordinator's Signature _____ Date: _____

Phone: _____ Email: _____

Sponsor's Signature _____ Date: _____

Phone: _____ Email: _____

"Realizing that the goal of the Royal Rangers ministry is to evangelize, equip, and empower the next generation of Christ-like men and lifelong servant leaders, and that the Frontiersmen Camping Fellowship upholds this area in its fullness, and agreeing to live by the ideals set forth in the above requirement, I hereby submit my application for membership."

Applicant's Signature: _____ Date: _____

Application Fees: \$35.00 Check or Money Order payable to: **Royal Rangers**

Mail application and fee to: FCF Adventure c/o "Yellowhair" Darrell Smith, 1145 Sand Mountain Rd, Fort Meade, FL 33841

Chapter Use Only

Date received:	Amount paid:	Date information letter mailed:



Frontiersmen Camping Fellowship

Knife and Black Powder Permission Form



I am the parent or guardian of _____ who is a member of the Royal Rangers Program. I give, him permission to sell, trade, give, receive, or barter and have in his possession during any FCF event, any knife or black powder firearm as is appropriate for this type of historical reenactment activity.

Please consider this document as written consent for my son _____ to participate in any of the Frontiersmen Camping Fellowship activities which include black powder loading and shooting, knife and hawk throwing, flint and steel -fire starting, frontiersmen crafts and workshop classes, and any other activities conducted.

Signature of parent or guardian

Date

If you do not want your son, participating in any of the above activities please list: _____

Signature of parent or guardian

Date

If you are under the age of 18, you must have this form signed by your parent or guardian in order to participate in the above mentioned activities at the Trace and/or Rendezvous. Parent please complete:

Name of minor _____

Name of Parent completing form: _____

Address: _____

City _____ State _____ Zip _____

Home phone and work phone: Home _____ Work _____

Age _____ Birth date of minor _____

Any Information we should know about:

Royal Rangers Medical Release Form

Royal Rangers Medical History/ Release Form -- Chartering Dates Sep, 20__ thru Aug, 20__

All information on this form is private & shall remain confidential

Name: _____ Birth Date: ___/___/___ Age: ___ Grade: ___

Home Address: _____ City: _____
 State: ___ Zip: _____

Email address: _____ OP# _____ Division _____ Church _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

1.) Emergency Contact: _____ Relation: _____ Phone: _____

HEALTH HISTORY Check either Yes or No. If Yes, please explain under "Remarks and Medical Facts"

	Yes	No		Yes	No		Yes	No
Sinus Condition			Shortness of Breath			Exposed to infections		
Ear Problem			Skin Infection			Disease past 3 weeks		
Lung Problem			Hearing Difficulty			Hepatitis past 6 mths		
Heart Trouble			Bad Eyesight			Any Disorder preventing strenuous activity		
High Blood Pressure			Wear Eye Glasses			Taking prescription medicine		
Allergy/Asthma			Wear Contact Lenses			Any negative reaction to drugs or medicine of any type		
Fainting or Dizzy Spells			Medical Care in last year			& Nervous / upset easily		
Diabetes			Surgery in last year			Home sick		
Appendix Removed			Special Diet Required			Sleep walker		
Dental Appliances								

Remarks and Medical Facts (Allergies/Dietary Needs/Etc.):

Swimming Ability (please check one):

Non-Swimmer Beginner

Intermediate Advanced

Life Guard

In the event medical care is needed for the child named above, I hereby give authorization/permission to the Medical Staff and/or the Person In Charge, or their designee, to use their discretion in rendering care and treatment to the child. I hereby authorize the Medical Staff and/or the Person In Charge, or their designee, to use their discretion in contacting a properly licensed paramedic, physician, or emergency health care center (hospital, or clinic, or 911) and to follow their instructions. I also authorize the Medical Staff and/or Person In Charge, or their designee, to authorize/order emergency medical services for my child, including emergency rescue services, ambulance transport, hospitalization, surgery, anesthesia, and medication.

Last Tetanus Shot ___ / ___ / _____

Insurance Co.: _____

Policy ID/Group #: _____

Relationship: _____

Parent or Guardian (please check one)

Signature: _____

Printed Name: _____

Date: _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____. (S)He is personally known to me or has produced _____ as identification.

Signature of Notary

Print Name of Notary

Notary Stamp/Seal