



**Penn-Del East Central Section**



**2018 Winter Day**

**TriCounty Worship  
Center**

**Bethel, PA**  
February 3, 2018



## 2018 EC Section Winter Day Location



Tri County Worship Center  
1501 Schubert Rd  
Bethel, PA 19507  
Phone: (717) 933-1040



## 2018 EC Section Winter Day General Details



The 2018 Winter day is upon us, and great things are planned for this years event. Our theme this year is Lewis and Clark, and events such as mapping, compass, and snow shoe races are planned. A HOT Lunch will be provided by the staff of winter day, so food costs have been included in the registration fee. We as a staff are looking forward to another successful Winter Day. Participation of all age groups is encouraged. Parents, guardians, and commanders are encouraged to come and participate with their boys.

Fred Moyer  
ECS Sectional Commander



## 2018 EC Section Winter Day Event Schedule



<b>Saturday, February 3, 2018</b>	
9:00 a.m. to 9:30 a.m.	Registration
9:30 to 10:00	Opening Ceremony, Team Determination
10:00 to 11:30	Rotation of Events
11:30 to 12:00	Devotion
12:00 to 1:00	Lunch (provided by Section)
1:00 to 2:00	Various competitions.
2:00 to 2:30	Sled Race
2:30 to 3:30	Closing Ceremonies-Awards-Dismissal
	*Schedule subject to change based on attendance and other factors.

For more details regarding the schedule, please contact	
<b>Fred Moyer</b> <i>Sectional Commander</i>  <a href="mailto:fbmoyer@hotmail.com">fbmoyer@hotmail.com</a> (215) 527-0781	



## 2018 EC Section Winter Day Outpost Registration



Outpost #:	
Church:	
Address:	
City/Zip:	
Phone:	
Email:	

Senior Cdr:	
Phone:	
Email:	

No online registration will be available at this time. Outpost must mail in checks post marked February 8th.

**Only** one check should be written for the entire outpost. Make checks payable to **"ECS Rangers"**. Please pre-register by sending this form and your payment to:

ECS Rangers  
 C/O Cdr. Fred Moyer  
 314 Cedar Drive  
 Green Lane, PA 18054  
[\[fbmoyer@hotmail.com\]](mailto:fbmoyer@hotmail.com)  
 (215) 527-0781

Ranger Kids =	
Discovery Rangers =	
Adventure Rangers =	
Expedition Rangers =	
<b>Boys Total =</b>	
Leaders Total =	

Boys Total x \$10.00 =	
Leaders Total x \$10.00 =	+
<b>Total Owed by Outpost =</b>	
<b>Total Paid =</b>	
	◀ Check #

**Please do the following:**

1. Complete the Outpost Roster. A copy of this is to be turned in at "Check-In".
2. Make sure each boy has a signed permission slip and medical form with the Senior Commander at Winter Day. Adults also need to have medical forms completed and with the Senior Commander.
3. Please email the number of boys and adults attending to Commander Fred Moyer. ([fbmoyer@hotmail.com](mailto:fbmoyer@hotmail.com)) Medical Forms and Permission Slip must be brought to the actual event but please email your numbers to Commander Fred for lunch planning purposes. This is in essence your pre-registration.



## 2018 EC Section Winter Day Outpost Roster



<b>OP #:</b>		<b>Church:</b>		<b>City:</b>		<b>Sr. Cdr.:</b>	
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**Groups are:** **RK** - Ranger Kids, **DR** - Discovery Ranger, **AR** - Adventure Ranger, **ER** - Expedition Ranger, **L** - Commander/Pastor, **R** - Parents (non-leaders)

	Name	Group		Name	Group
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			32		

Please print out extra copy of the page if you have more than 32 in your group attending.



## 2018 EC Section Winter Day Permission Slip



<b>Activity:</b>	<b><u>2018 Penn-Del East Central Section Winter Day</u></b>
<b>Who:</b>	All RK, DR, AR, ER, and Commanders
<b>Date:</b>	<b><u>February 3, 2018</u></b>
<b>Location:</b>	Tri County Worship Center, Bethel, PA.
<b>Emergency Contact #:</b>	215-527-0781 Fred Moyer
<b>Cost:</b>	\$10 (Meal provided by section)
<b>Notes:</b>	

Parent/guardian is to keep top portion and returns bottom portion to the Outpost.



### Permission Slip

I (we) grant permission for \_\_\_\_\_ to attend the Royal Rangers **2018 EC Section Winter Day** on **February 3 2018**. This event will take place at Tri County Worship Center, Bethel, Pa 19507

I (we) understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the Royal Rangers staff to secure medical services to provide the care necessary for my child's well being.

I (we), as Parent(s), understand that the National, District, Regional, Sectional, Area, or Outpost Royal Rangers staff while striving to insure a wholesome, safe, and closely supervised environment for boys in its care, cannot be liable for any unforeseen and/or unforeseeable accident or injury which may occur during the course of any Ranger activity.

Responsible leaders, persons and acting agents transporting on behalf of the Rangers Ministry of the Assemblies of God, assume no personal liability in case of accident or sickness.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Current Emergency Medical Form On File (Checked by Commander)

## 2018 East Central Section

(We suggest using print outs from Ranger Navigator[www.rangerdepot.com])

### FOR USE IN THE PENNSYLVANIA-DELAWARE ROYAL RANGER PROGRAM EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's SS# \_\_\_\_\_ Date of last Tetanus booster \_\_\_\_\_  
Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Child's Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_  
Insurance Information (Company, Policy & Group number) \_\_\_\_\_

### MEDICAL QUESTIONNAIRE

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?  
\_\_\_\_\_
  2. Is your child allergic to any type of medication? \_\_\_\_\_ If so, to what? \_\_\_\_\_
  3. Does your child require a special diet? \_\_\_\_\_
  4. Does your child have (or has he ever had) any of the following: (circle)  
Seizure disorders      Asthma      Heart murmur  
Diabetes      Hay fever      Kidney disease  
Other (please specify) \_\_\_\_\_
  5. Does your child have allergies other than medical? \_\_\_\_\_ If so, to what? \_\_\_\_\_;
  6. Does your child ever sleep walk? \_\_\_\_\_ Can your child swim? \_\_\_\_\_
  7. Does your child get nervous or upset easily?
  8. Does your child have any physical handicap or illness that would prevent him from participating in normal vigorous activity? \_\_\_\_\_
- If you have answered "yes" to any of these questions, please explain on the reverse side.

### MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency. In the event, however, that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services if my child is injured or becomes ill. I understand that the Royal Rangers will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent / guardian.

I agree to notify the church in the event of any health changes that would restrict my child's participation in any normal youth or Royal Ranger activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capacities of my child.

\_\_\_\_\_  
(Signature of Parents **OR** Legal Guardian)

\_\_\_\_\_  
(Date)

EXPIRATION DATE: December 31, 2018

Commanders, you will need to bring one or two (depending on how many boys) small backpacks to hold various small items that the boys will need to carry to and from each event. Also if you can help with the below items please contact Fred.

- Snow Shoes
- Cones
- Stopwatches
- Compass
- Volunteers!!!