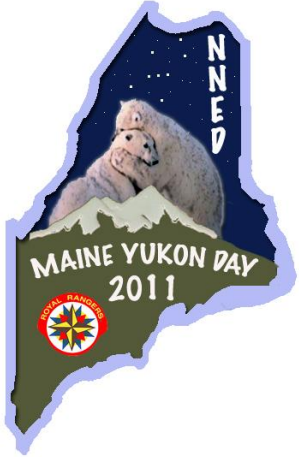


MAINE YUKON DAYS



Northern New England District
Winter POW WOW

"Real Men..."

"If anyone desires to come after Me, let him deny himself, and take up his cross, and follow Me. . . . For what profit is it to a man if he gains the whole world, and loses his own soul?"

Mathew 16:24-26

FEBRUARY 11TH – 13TH, 2011

FAIR HAVEN CAMPS
BROOKS, ME

NORTHERN NEW ENGLAND DISTRICT ASSEMBLIES OF GOD
ACTIVITY SUPERVISORY CERTIFICATION FORM



This form is to be completed for **all** persons involved in the supervision or custody of minors while attending any District activity involving children and youth. It is being used to help the District provide a safe and secure environment for those children and youth who participate in our District sponsored program. **PLEASE PRINT**

Name of District Event: **Maine Yukon Day / Winter Pow Wow 2011** Date of Event: **February 11-13, 2011**

Church Name: _____ Pastor's Name: _____

Address: _____



City: _____ State: _____ Zip: _____

Phone #: () _____

Person in charge of group at event: _____

List full names of all persons who will be attending this event in a supervisory or custodial capacity:

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

Does your church have a written child abuse policy on file? Yes  No 

Pastor's Certification of Church Worker(s):

I am personally acquainted with the above named person(s), and in my opinion is/are competent and qualified for work with minors. I know of no facts or allegations that raise any question concerning suitability for working with minors in the above stated District activity. **Those named above have completed a screening application that is on file with this church.**

Pastor's Signature of Affirmation* _____

*Participation in the district event will be denied for those acting in a supervisory/custodial capacity if not signed by the Pastor.

Northern New England District Royal Rangers Emergency Medical Form



MAINE YUKON DAY 2011 (Feb 11th – 13th, 2011)

Personal Information

Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Both Parents' Names: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

Doctor's Name: _____ Doctor's Phone: _____

Health Insurance Coverage: _____

Outpost: _____ Senior Commander: _____

Health History

Check off all that apply and provide details.

Medical Conditions:

Past Appendicitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severe Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hay Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia (Rupture)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reaction to Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Subject to:

Sinus Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting Spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ear Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reaction to Sugar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nervousness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Easily Upset	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reaction to Penicillin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reaction to Sulfa	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Poison Oak, Ivy, or Sumac	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Under Medical Care for:

Reaction to bee stings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Significant Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recent Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recent Surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical restriction on activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (List) _____		

Medications: (List All)

Permission for Emergency Medical Treatment

In the event this individual becomes ill or sustains injury while in the care of, or under the supervision of activity leaders, they are given permission to administer first aid for relief. If it is not practical to return the individual to the parents, or to receive instruction regarding care, consent is hereby given to admit this individual to any hospital. Consent is also given to any licensed nurse, physician, and/or surgeon called, or to whom this individual is taken for treatment by them to administer such treatment, drugs, and medicines, and to perform such surgical procedures as the medical professional shall think the existing emergency requires for relief of pain and to preserve the individual's life and/or health. Authorization is also given for such other measures as may be required. I hereby agree to reimburse the activity leader or leaders for any expense incurred in the care of this individual, should any type of medical treatment become necessary, to include, but not be limited to, fees for hospitals, ambulances, doctors, nurses, examinations, medically necessary tests, interpretations of tests, medical supplies, etc.

_____ Printed Name

_____ Signed Name

_____ Date



Maine Yukon Day 2011

Activity Assignments

Yukon Race



Senior Commanders should ensure at least two Commanders or men from their Men's Ministry are available to run their assigned station(s). Men running the stations will be identified at Friday evening Commander's meeting. Outposts assigned a station should ensure all necessary equipment is brought to Maine Yukon Day. These assignments are based on 2008 participation. Outposts wishing to run a station in order to earn points toward Top Outpost, may contact the Camp Commander prior to MYD and may be assigned a station. This must be requested no later than two weeks prior to MYD. Senior Commanders must confirm, (via email, or telephone) with the Camp Commander no later than January 1, 2011, that they are prepared to run their assigned station(s). Failure to do so could result in their station being assigned to another Outpost, or that the Event will not be run and points deducted from the Outpost.



MYD Staff

Outpost #16 (Lewiston)

Outpost #40 (Plymouth)

Outpost #21 (Madison)

Outpost # - Open -

Outpost #21 (Madison)

Outpost #3 (Nashua)

Outpost #25 (East Millinocket)

Outpost #25 (East Millinocket)

Outpost #36 (Tilton)

Outpost #3 (Nashua)

Outpost #11 (Auburn)

Outpost #62 (Milford)

Outpost #55 (Saco)

Outpost #62 (Milford)

#1 Dog Sled Review

#2 Fire & Hot Chocolate Stop

#3 Rescue Station

#4 Matchless Fire

#5 Over the Ridge

#6 Emergency First Aid

#7 Firecraft

#8 Ladder

#9 "The Wall"

#10 Orienteering

#11 Marksmanship

#12 Snare

#13 Foliage Identification

#14 Knot Tying

#15 Snowball Shoot





MAINE YUKON DAY 2011



Snowmobile Permission Slip

Required for all Royal Rangers under 18 years of age participating in the Yukon Jack Snowmobile Trek

Name of Royal Ranger _____

Age: _____ Outpost # _____ Commander: _____

Name of Parent or Legal Guardian (Print)

I hereby give permission for my son to participate in the “Yukon Jack Snowmobile Trek” at Maine Yukon Days, February 11-13, 2011. I understand he will be operating a snowmobile as part of this activity. Pursuant with Maine Snowmobile Laws, *“anyone who allows a person under 18 years of age to operate a snowmobile is liable (jointly with the minor’s parent or guardian) for any damages caused in the operation of that snowmobile”*.

I hereby attest that I am personally allowing my son to operate a snowmobile, and assume sole responsibility for any damages or personal injury. I will not hold the Northern New England District Royal Ranger ministry or any of its leader’s responsible.

In the event of damage to property, vehicles or individuals, I understand the Royal Ranger leader in charge will comply with all reporting requirements required by Maine Snowmobile Laws.

Signature of parent or legal guardian

Date

Telephone Number: _____

