

Northeast Area Powette July 8-10th

Powette Theme – Devoted to God



Girls: bring a friend to Powette! M-pact girl's moms are always invited.

Age requirement:

Child must be 8 yrs old or accompanied by her Mother/Aunt to attend.

Camp Schedule Friday

10:00 AM	Camp setup
Noon – 1:00 PM	Lunch and cleanup
1:30 PM – 3:00 PM	Boat and water safety course - Mary & Tina
5:00 PM – 6:00 PM	Evening meal
7:00 PM	Devotion - Mary
8:00 PM	Staff and M-pact leaders meeting and registration
10:00 PM	Lights out

Saturday:

7:00 AM	Reveille
7:00 AM – 8:30 AM	Breakfast and cleanup
8:35 AM – 8:55 AM	Devotional -
9:00 AM – 10:00 AM	Assembly at the flagpoles in activity clothes
* Presentation of Colors	Jeff Laird
10:15 AM – Noon	Activities (mentioned in events)

Noon – 1:00 PM	Lunch and cleanup
1:00 PM – 3:00 PM	Activities
3:00 PM – 5:00 PM	Free time
5:00 PM – 7:00 PM	Dinner and cleanup
7:00 PM – 8:00 PM	Free time
8:00 PM – 8:15 PM	Assemble and march in silence to Council Fire
8:20 PM – 9:00 PM	Song Service/Council Fire Ceremony Abby Delaney - Paulette Colwell
11:00 PM	Lights out

Guests may visit on Saturday from 4:30 PM until after Council Fire.

Sunday:

7:00 AM	Reveille
7:00 AM – 9:00 AM	Breakfast and cleanup
9:00 AM –	Devotion - Corrine
10:00 AM	Break camp and dismiss

**Turn in camp clearance slip to Area Commander Ed Kuzmick
After cleanup your outpost will receive their Area Powette patches**

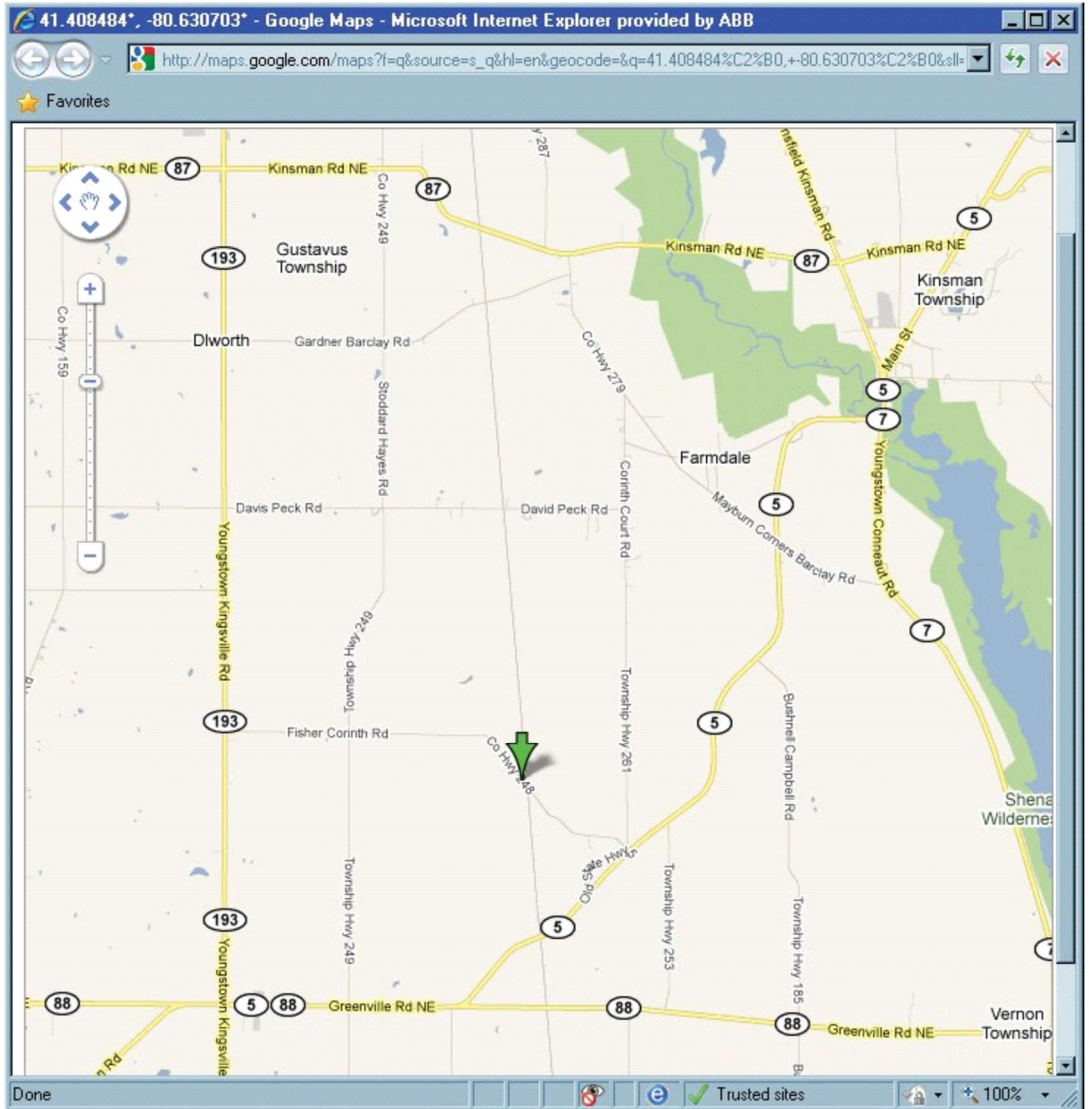
Events

Items you need to bring

Swimming	Swim Gear, goggles, sunscreen,
Canoeing	Life jackets are Provided
Paddle Boating	Provided
Paintbal	Provided (<u>1st 100 paintballs provided. Extra 100 for \$1.50. </u>)
Fishing (catch and release)	Bring your own tackle and bait
Compass class	Provided
Swim Safety Class	Provided
HawkThrow	Provided
Archery	Provided
BB Gun	Provided
Knife Throw	Provided
9 Square in the Air	Provided
Craft	Provided

Ed's Address

5268 Fisher Corinth Road
Farmdale, OH 44417



NORTHEAST OHIO AREA POWETTE
INDIVIDUAL EVENT REGISTRATION FORM

Event Powette Camping Trip (DATE) July 8th, 9th, 10th, 2022

This entire page **MUST** be completely, filled out, turned in to your Leader, and brought to the MPACT Event. **PLEASE PRINT**

GIRL'S NAME _____ **AGE** _____ **OUTPOST#** _____
ADDRESS _____ **CITY** _____
_____ **STATE** OH **ZIP** _____ **CHURCH** _____
CITY _____ **PASTOR** _____
NAME OF LEADER RESPONSIBLE _____

PARENT PERMISSION FORM

I hereby authorize _____ to accompany the Royal Rangers/Mpact to the Area 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/Mpact leaders; or the Area Staff; or the Ohio Network Royal Rangers of the Assemblies of God; responsible for any accidents or illnesses. I understand the Area **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 RangerMpact Outpost to which the child belongs.

SIGNATURE _____ **DATE** _____
(Parent or Guardian)

EMERGENCY MEDICAL 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/Mpact who may become ill or injured **at a** Area 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 M-PACT AREA 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 _____ **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)**

OPTIONAL PERMISSION FOR VARIOUS EVENTS –

X and initial each event in which your daughter has permission to participate

PRIMS, STARS, FRIENDS MOMS – Paintball _____ Archery _____ BB Gun _____		_____
Hawk & Knife _____ Swimming _____ Council Fire _____		_____

**Northeast Area Powette Registration Form
Bring the completed form with you to Powette**

Church Name		Outpost#	
City		Church Phone#	
Pastor		Pastor Phone#	
CORDINATOR		S.C. Phone#	
S.C. Address			

PRIMS 8 YRS	STARS	FRIENDS	Leaders/moms

Outpost Total \$ _____ Is your Outpost currently chartered? _____

Make check payable to Northeast Area Royal Rangers

PLEASE BRING PROOF OF CHURCH
INSURANCE,
ALL CAMP REGISTRATIONS ARE TO BE
PAID FOR WITH YOUR CHURCH
CHECK MADE OUT TO

Northeast Area
Royal Rangers