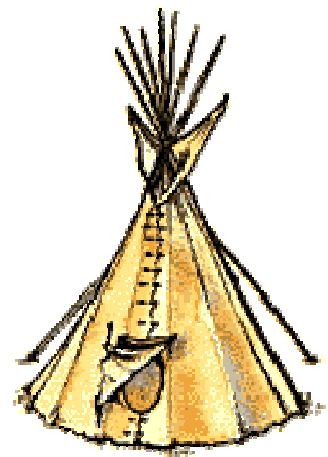


**APPALACHIAN NETWORK
FRONTIERSMAN CAMPING
FELLOWSHIP**



**KANAWHA CHAPTER
2017 "SPRING TRACE"
APRIL 21 - 22 - 23, 2017
Waverly, WV 26184**

"FCF - The Beginning - 40th Anniversary"

2017 Kanawha Spring Trace

April 21-22-23, 2016

The 2017 Kanawha Chapter of the Frontiersmen Camping Fellowship will be holding the Spring Trace in Waverly, WV 26184. This year celebrates our 40th Anniversary for our Chapter - try not to miss out on this special occasion.

If you do not have a primitive shelter please try to attend (there will be a separate camping area for "modern" tents away from the FCF village. The FCF members will be holdin regular competitions for FCF prizes

If'n ya are a being ready for Buckskin or the Wilderness Vigil please speak to one of the District Staff for directions for applyin fer that.

For those who are a comin, the cost of the trace will be \$30.00 - please try to let me know if you are planning on attending. All candidates for the Frontier Adventure must send me an application by March 1st if I do not receive an application by then you will most likely need to wait until the next Adventure to attend. Adventure applications are located on the www.appalachianrangers.com website under the FCF tab. The Adventure is by invitation only based on approval of your application. You will receive a response letter setting the date and time you must appear for the Adventure. I will need FCF members to help with the Adventure classes - so be ready to be voluntold what you will be doin.

FCF Members If'n you want to be a competing then just bring a frontier possible (primitive prize for your costume or camp use such as a knife, flint & steel kit, lantern, shirt, etc) to be a placin on the blanket. The winners will be a chusen a prize from the lot on the blanket so's at the end of the competitions everyone will be a winner.

FCF Members we will be a need'n some help on the competitions - so's let me know what ya kin hep with: Knife throwin, hawk throwin, shootin, costume, flint and steel, etc.

This will be a primitive camp fer a tent and with a path to the outhouse. Water and wood will be available.

You will be responsible for your lodging / food / and cooking gear so come prepared.

The emergency number for the property is 304-679-5514.

Oldtimers and Youngbucks need:

Costume / Entry prize for blanket competitions (Frontier style prize) / shelter / food / enthusiasm and \$30.00 Trace fee.

See ya at Trace,
Golden Vulture
Dave Holbert
Kanawha Chapter President

Kanawha Chapter Trace Registration Form

(Mail form to: Dave Holbert 838 Garrison Lane, Waverly, WV 26184 or email to: daveholbert@frontier.com)

Name _____

FCF Name (If Applies) _____

Street Address _____

Town _____ State _____ Zip _____

Cell Phone (_____) _____

Home Phone (_____) _____

Church Name _____

District/Conference _____

Outpost # _____ IPHC or AG

<input type="checkbox"/>	I have a primitive shelter and will be using it at Trace
<input type="checkbox"/>	I have a costume and will wear it at Trace
<input type="checkbox"/>	I have a black powder certification card (boys need a parental permission form)

Check the position you hold :

<input type="checkbox"/>	Discovery	<input type="checkbox"/>	Asst Group Leader	<input type="checkbox"/>	Sectional Staff
<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Group Leader	<input type="checkbox"/>	District Staff
<input type="checkbox"/>	Expedition	<input type="checkbox"/>	OP Coordinator	<input type="checkbox"/>	Regional Staff
<input type="checkbox"/>	National Staff	<input type="checkbox"/>		<input type="checkbox"/>	

Indicate your willingness to participate in teaching the "Greenhorns".

<input type="checkbox"/>	I would be willing to teach a Class. Select 1-2-3-4-5-6 in order you prefer.				
<input type="checkbox"/>	Outfits (costume)	<input type="checkbox"/>	Primitive Shelters	<input type="checkbox"/>	Flint & Steel
<input type="checkbox"/>	Trapping (Bring trap)	<input type="checkbox"/>	Hawk Class	<input type="checkbox"/>	Knife Class

CAMP SCHEDULE

Friday

5:00 pm - Dinner and clean-up / “Adventure Candidates” Start time
6:30 pm - Free time / Registration
8:00 pm (tentative) - Council fire service - all
10:00 pm – Instruction for “Adventure Candidates”
11:00 pm - lights out

Saturday

7:00 am – Rise and shine
9:00 am - Morning devotion – (FCF Scout)
9:30 am - Morning classes for “Adventure”
12:00 - noon - Lunch and clean-up
1:00 pm – Finish any classes for “Adventure”
2:00 pm – “Adventure” testing
3:00 pm – FCF Member competitions
5:00 pm - Dinner and clean-up
6:30 pm - Free time or grub match competitions
7:30 pm (tentative) - Council fire service - all
11:00 pm - lights out

Sunday

7:00 am – Rise and shine - Breakfast
9:00 am - Morning devotion - all (Communion)
9:30am – Clean-up / Break camp



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:

***IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE RANGER
COMMANDER IF A CAMPER'S MEDICAL HISTORY CHANGES PRIOR TO THEM COMING TO
DISTRICT FCF ACTIVITIES!***

Insurance Authorization: I authorize the release of any medical information necessary to process a claim for my dependent named in this application. I authorize payment of medical benefits to the Physician or supplier of service rendered to my dependent.

**AUTHORIZED PERSON'S SIG-
NATURE:**



ACTIVITY PERMISSION FORM TO BE SIGNED BY PARENT OR GUARDIAN

The undersigned hereby forever releases and discharges Royal Rangers, the Appalachian District, and its agencies, employees, officers and/or directors of any and all liability of any nature which may arise while _____ is a camper. The undersigned further covenants and agrees to never sue or file a claim against the aforesaid Royal Rangers, the Appalachian District, its agencies, employees, officers and / or directors for any injury, including death, that may occur to said camper while he is involved in any of the activities of the District FCF Activities. Activities may include, but not limited to: swimming, competitions involving throwing knives & tomahawks, black powder shooting and other primitive style games and competitions. I further give my permission for my child _____ to participate in all of the District FCF activities of the scheduled event.

AUTHORIZED PERSON'S SIGNATURE: _____

The camp has my permission to use any image of my child, alone or made with others in camp, or any written material that he/she may write about camp for all legal promotional purposes.

AUTHORIZED PERSON'S SIGNATURE: _____

Appalachian District / Assembly of God Spring 2017 FCF Trace

Camper Application

MEDICAL TREATMENT CONSENT FORM AND HOSPITALIZATION INSURANCE COVERAGE INFORMATION

In my absence, I, _____, hereby authorize the Ranger Commander or his appointee to obtain medical treatment which may be deemed necessary for my child, _____ . Furthermore, I authorize the proper dispensing of my child's prescription drug(s), if any, as listed on this application.

I also hereby authorize any physician called upon by the Ranger Commander or his appointee to render medical treatment that, in his judgment, may be deemed necessary for the well being of my child. I also, hereby authorize the Ranger Commander to dispense over-the-counter medication (unless listed) to my child, as he/she deems necessary.

SIGNATURE REQUIRED:

Insurance and/or

Government List Current Prescription Drug(s): Program

Address:

Subscriber I. D. or Contract Number:

Insurance Co. Phone #:

Admission Precertification

Phone #:

Group Name (Employer):

Group Number:

Employer's Address:

Employer's Phone #:

List any medical conditions, disabilities/allergies or over-the-counter drug allergies:

APPALACHIAN MINISTRY NETWORK
Appalachian District Council of the Assemblies of God
107 Lakeview Drive / P.O. Box 310 Ghent, WV 25843 / 304.787.3916

**ROYAL RANGER LEADER VERIFICATION OF
REDUCING THE RISK TRAINING**

**ALL LEADERS ATTENDING A DISTRICT ROYAL RANGER EVENT
MUST HAVE THIS FORM FILLED OUT AND SIGNED BY PASTOR.**

Name _____

Outpost Number _____

Church _____

I certify that the above named person has attended an authorized Reducing the Risk Training and has had a criminal history background check within the past 3 years.

Commander Signature: _____

Pastor Signature: _____