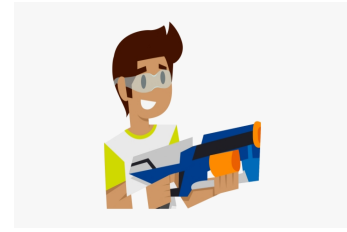




SCE SECTION FALL FUN NIGHT 2022

OCTOBER 28-29



WHO?

Everyone! Ranger Kids,
Discovery Rangers,
Adventure Rangers,
Expedition Rangers and
Leaders

WHAT?

A night filled with games,
food, a movie and more!

Cost - \$15 (additional
activity fees may apply)

WHERE?

New Life Assembly of
God

1991 Old Philadelphia
Pike Lancaster, PA 17602

WHEN?

October 28th and
29th - registration
opens at 5 PM Friday
evening, ending 10
AM Saturday

Call, text, or email registration to Commander Max Schrom - (717) 875-2661 or amschrom@gmail.com by October 19th
Please provide the number you are registering for each age group (RK, DR, AR, ER and leaders)

SCE Section Fall Fun Night schedule: 10/28-29/22

5pm – arrival and registration

6pm – food

6:30 pm – Welcome & introduction, worship, devotion

7:15pm – Group specific activities

10pm – Nerf gun wars

12am – Movie

2am – Lights out

Saturday morning

9am – Breakfast

10am – Closing devotion with speaker & dismissal

***Schedule subject to change

NEW LIFE CHURCH
1991 Old Philadelphia Pike Lancaster, PA 17602 717-394-4015

ACTIVITY PARTICIPATION AGREEMENT

Activity Information:

Name of Sponsoring Organization: SCE Royal Rangers

Name of Coordinator: Commander Max Schrom

Description of Activity _____

Dates(s) and location of Activity: Friday & Saturday, Oct, 28th & 29th at New Life Church Lancaster PA

Time: 5:00 pm (Oct. 28th) – 10:00 am (Oct. 29th)

Participant Information:

Name of Participant: _____

Name of Parent/Guardian: _____

Complete Address: _____

Telephone #: _____ Alternate Phone #: _____

Emergency Contact: _____

Relationship to participant: _____ Telephone #: _____

List allergies or medical conditions: _____

Is coordinator authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant and may result in various types of injury or loss including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for opportunity to participate in the activity described above (the "Activity"), the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of injury associated with the participation in and the transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises indemnify, defend and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of negligence of the Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or guardian/parent) agrees to resolve the matter through a mutually acceptable dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

PennDel Royal Rangers (PDRR) is complying with procedures put out by the Pennsylvania Department of Health.

1. Please do not come if you have a fever, or have any symptoms of being sick or have been in contact with someone with the Covid-19 virus.
2. Please consider whether you are a person at risk if you are exposed to the virus before you decide to come.
3. Please practice all safety measures requested by state and local officials
4. Please read and sign the form below.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) if present and I may be exposed to or infected by COVID-19 by attending the South Central East Section Fall Fun Night and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the South Central East Section Fall Fun Night may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Royal Ranger leaders, children, volunteers, or other persons that may come onto the property.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren), if present, or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren), if present, may experience or incur while at the South Central East Section Fall Fun Night. On my behalf, and on behalf of my children, if present, I hereby release, covenant not to sue, discharge, and hold harmless the PennDel Royal Rangers, PennDel Ministry Network, South Central East Section, its leaders, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the PDRR, its employees, agents, and representatives, whether a COVID- 19 infection occurs before, during, or after participation.

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian & Name of any children

Outpost Adult Attendee & Clearance List

Outpost: _____ **Section** _____
Church _____
Address: _____
City: _____ **State** _____ **Zip** _____

Cmdr in Charge _____ **Email** _____
Cell Phone: _____

With PA Safe Kids House Act 435 (Act 153-2014) we are required to verify that all adults (anyone 18 years of age and older) are in compliance with PA state law for PA and non PA organizations and residents.

Effective July 1, 2015 for PA churches or residents, there are 3 required clearances that are to be on file at your local church and completed every 36 months. Please place the date of each clearance under each category for each adult that is on file with the church. (This would include non-PA residents from PA churches).

- 1) Report of Criminal History from the Pennsylvania state police
- 2) Child abuse history clearance from the PA department of human service
- 3) (a) FBI Criminal history or (b) Written Affidavit of residents who meet the qualifications

Effective July 1, 2015 for Non-PA residents of Non-PA churches coming into PA.

- 1) PA allows provisional clearances for non-PA residents of non-PA organizations coming into PA for no more than 30 days as long as you have your states required clearances on file with your organization. Please provide the most recent clearance date for each volunteer.

Certification of Clearance history:

I hereby certify that the following Volunteers & Adults (18 and over) listed on the attached have completed the necessary clearances for our state and are in compliance with PA House Act 435 (Act 153-2014) and that all the clearance dates listed on the form are accurate and on file at our offices.

Pastor's Signature

Date

Outpost Leader at Event Signature

Date

Event: SCE Section Fall Fun Night
Date: October 28th-29th, 2022

Outpost Adult Attendee & Clearance List

Must be attached to Adult Attendee & Clearance form Page 1 with all signatures in place.

	Name	State of Residence	PA State Police (1)	Child Abuse Clearance (2)	Federal FBI History (3a)	PA Resident Affidavit (3b)	Non-PA clearance Date(s)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Event: SCE Section Fall Fun Night
Dates: October 28th-29th, 2022

Outpost Boy Attendee List (under 18)

Outpost _____ Church _____ Section _____

Cmdr in Charge _____ Email _____ Cell Phone: _____

	Name	Ranger Kid	Discovery Ranger	Adventure Ranger	Expedition Ranger		
1							
2							
3							
4							
5							
6							
7							
8							
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11							
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15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
	Total						

Church Insurance Policy covering boys and men (required)

_____ Company

_____ Policy #