



2026 FCF Winter Outing



Who: All Royal Rangers and Friends 5th graders and up. Guests are invited!

What: COME AND JOIN US FOR THE WINTER OUTING. BRING YOUR RANGERS AND COMMANDERS THAT ARE INTERESTED IN FCF. THEY CAN SEE SOME OF THE THINGS WE DO. *This is open to non FCF Members.*

WE WILL BE GIVING SOME CLASSES ON Outfits, leather craft, table and box building extra fees (\$15.00 to \$20.00) for these projects.

The Royal Ranger price on all the materials.

You can set up a cot in the gym.

All adults that camp in over night will need to have the District Adult workers paper work that shows they have been screened for work with boys.

When: JAN. 16th - 17th, 2026 6:00 p.m.

Where: Ozark AOG in Ozark, MO right next to Lowes Home Improvement Store. The event is inside of the Gym, The cost of the event will be \$10.00 for boys under 18 and Men over 17 the fee is only \$15.00 this will include Friday Night Snack and Saturday Breakfast and lunch (No Friday Night Supper).

Concludes at about 1pm to 2pm on Saturday.

Phillip Steinbach will be our guest speaker Friday night, and we will also have a worship time.

Will have knife and Hawk targets setup outside weather permitting and some flint and steel practice as well.



Picture above was taken a previous year. They came away with such cool stuff they are excited to come to this event this year!

Why: Winter outing is a time to learn skills and invite friends who are interested in FCF and the fun and fellowship there in.

Registration covers snacks and Sat. morning and Sat lunch.

Contact:
John Mark Bell for more information
1-308-520-2939 or email @
popejohn52@gmail.com

"There may be pictures taken at this activity and may be used on the Royal Ranger web site or in a news publication."

So. Mo District Royal Rangers
EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION FORM

Ranger's Name _____ Date of Birth _____
Mailing Address _____ City _____ Zip _____
Phone _____ Soc. Sec. # _____ Age _____ E-mail _____
Father's Name _____ Time of Day/Night you Work _____
Place of Employment _____ Work Phone _____
Mother's Name _____ Time of Day/night you Work _____
Place of Employment _____ Work Phone _____
Family Doctor _____ Office Phone _____
Insurance Company _____ Policy # _____
Address _____ Phone _____

PERSONS (OTHER THAN PARENTS) TO CONTACT IN CASE OF AN EMERGENCY:

_____ Phone _____
_____ Phone _____

MEDICAL QUESTIONNAIRE

EXPLAIN any "YES" or Circled answers.

Circle any that apply to this person. taking any medication, treated for any injury or illness, asthma, hay fever, tonsils removed, appendix removed, known allergies, operations, history of any disease, special diet, chronic medical problems, cardiac, respiratory, kidney, seizure, childhood diseases, measles, mumps, chicken pox, sleepwalk, allergic to any form of medication, hyperactive, on medication, any medical considerations not mentioned.

What is the date of your son's last physical exam? _____

What is the date of your son's last tetanus shot? _____

IF YOU CIRCLED OR ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN.

PLEASE LIST ALL MEDICATIONS BEING TAKEN BY YOUR SON AT THIS TIME.

NAME OF MEDICATION DOSAGE WHAT TIME(S)? REASON FOR MED

AUTHORIZATIONS

My son has permission to participate in any sanctioned event of the So. Mo District Royal Rangers provided he is supervised by authorized Royal Ranger leaders who are approved by the So. Mo District Royal Rangers. I understand that I will be contacted as soon as possible in the event of an emergency (accident, injury, or illness). I authorize the Commander-in-charge (or designate) to give consent for treatment of my son by a licensed medical personnel in the event of such an emergency. I also understand that the Commander-in-charge of any activity has the responsibility and right to restrict any party from any activity which he feels is beyond the physical capabilities of that party.

I understand that my personal insurance will be the primary insurance policy to be billed in the event of any medical treatment or evaluation and that the local church will be billed as the secondary insurance policy with the So. Mo District being the third insurance carrier.

I will not hold the So. Mo District Royal Rangers, the National Royal Rangers Organization, any authorized Royal Ranger leader, or any medical personnel financially responsible for any accident, injury, or illness when reasonable precautions have been taken for my son's safety.

SIGNATURE OF FATHER, MOTHER OR LEGAL GUARDIAN DATE



ACTIVITY SCHEDULE

Friday 6pm

Arrival and settling in

Trading blankets

Devotion – Phillip Steinbach

Presentation – Max Buck (FCF outfit and depiction)

Project work: boxes, leather, tables

Cobblers

Saturday

Breakfast burritos

Devotion – Weston

Continue project work: boxes, leather, tables

Gumbo for lunch

Finish projects

Additional activities for those not working on projects (still needed)

For pricing, I was thinking \$15 per box kit (we have 20 kits available).
Event fees: \$10 for Young Bucks and \$15 for Old Timers.

1 pm to 2pm clean up and heading home.

Event Registration for ADULTS / LEADERS

Event Name: _____ Event Date(s): _____

Each adult attending this event (age 18 or older) must provide a completed copy of this form, signed by their pastor indicating their approval to serve in children or youth ministries in your church. This approval must include a nationwide criminal background check as well as any additional qualifications required by your church. This form is required of all adults attending, regardless of their leadership role in the church or outpost and must be provided upon check-in at the event. A separate individual Emergency Medical Information & Authorization Form must also be provided.

Name: _____ T-shirt Size: _____

Home Address: _____

Church Name & City: _____ Outpost Num: _____

Leadership position(s) if any: _____

Email Address: _____ Phone: _____

Would you like to be added to the district Royal Rangers email list? Yes No

Are you the Senior/Lead Pastor of your church? Yes No

ADULT/LEADER AGREEMENT

I hereby agree to comply with the standards of this event as defined by the event leadership and the Southern Missouri District of the Assemblies of God, which includes but is not limited to abstinence from the use of any form of alcohol or tobacco while on site or any activity that may have a negative influence on the boys attending.

Adult/Leader's Signature: _____ Date: _____

PASTORAL APPROVAL

I, the undersigned, serve in a pastoral role providing oversight to the Royal Rangers program in our church and hereby affirm that the above-named individual is approved to serve in children or youth ministries in our church, and a nationwide criminal background & child abuse registry check has been completed on this individual within the last (3) years and is currently on file with our church.

Pastor's Signature: _____ Date: _____

Pastor's Name (print): _____ Position/Title: _____

Pastor's Email: _____ Pastor's Phone: _____

Event Registration for STAFF & RRA Volunteers

Event Name: FCF Winter Outing 2026 Event Date(s): 01-16-2026

Individuals attending our events as staff or Royal Rangers Alumni (RRA) volunteers play an essential role in making these events a success and your participation is greatly appreciated. If you are not registering otherwise as an outpost leader this form must be completed and turned in at registration. A separate individual Emergency Medical Information & Authorization Form must also be provided.

Full Name: _____ Gender: Male Female

Full Home Address: _____ T-shirt Size: _____

Church Name & City: _____

Current Royal Rangers leadership position(s) if any: _____

Email Address: _____ Phone: _____

Are you a current member of our SoMo district Royal Rangers staff? Yes No

Are you a current member of our SoMo district Royal Rangers Alumni (RRA) program? Yes No

NOTE: If you are not a current staff or RR Alumni member, please complete an adult leader registration form.

ADULT/LEADER AGREEMENT

I hereby agree to comply with the standards of this event as defined by the event leadership and the Southern Missouri District of the Assemblies of God, which includes but is not limited to abstinence from the use of any form of alcohol or tobacco while on site or any activity that may have a negative influence on the boys attending.

Adult/Leader's Signature: _____ Date: _____

PASTORAL APPROVAL

Church approval to serve as a children or youth worker is NOT required if you are a current member of our SoMo district staff or RR Alumni as those approvals have already been obtained as part of your staff or RRA membership approval process.



Royal Rangers

FCF Winter Lockin at Ozark AOG Gym Permission Slip

My son _____, may attend the FCF Winter Lockin.

I will have my son at _____ at _____ on January 16th, 2026. I will have a medical release form signed and his personal equipment packed.

PLEASE INCLUDE \$25.00 to cover food and materials.

I will see to it that my son has all the required personal equipment he needs for this outing. Sleeping bag, pillow. A over night lockin.

On saturday please pickup your ranger at _____ pm.

Parents Signature: _____

Date: _____

Phone Number in case of early or late arrival: _____

For more information contact: _____