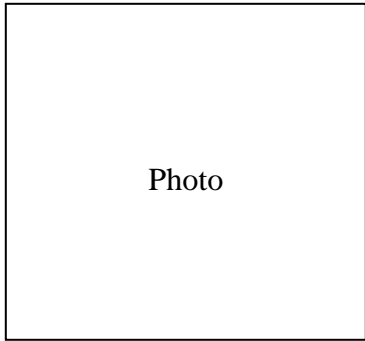


ROYAL BAHAMAS DEFENCE FORCE RANGERS



MEMBERSHIP APPLICATION FORM (Application Fee \$30.00 Non Refundable)

Name.....
(Surname) (First Name) (Middle)

Address (include street name, house #).....
.....

Island..... Country.....

School..... Grade..... Present Age..... Sex: M [] F []

***** **COPY OF LAST REPORT CARD IS REQUIRED** *****

Date of Birth..... Nationality.....
Date Month Year

Any known Medical Illness? (State)

Are you taking any Medication? Yes [] No []

If yes, state the Medication

Any known Allergies? Yes [] No []

If yes, state the allergies.....

State the Name of Medical Insurer.....

Insurance Number.....

Parent/Guardian's Name..... Relationship.....

Telephone Number (home) (work)

Emergency Contact Person.....

Emergency Telephone Numbers.....

Parents E-Mail Address.....

Students E-Mail Address.....

I Agree/Disagree for my child/ward.....to participate in the Royal Bahamas Defence Force Rangers Program. I also agree that if the above named student requires medical attention, he/she will be transported to Princess Margaret Hospital or the nearest medical facility for medical treatment.

I also agree to take full responsibility for my child's conduct and any misconduct on the part of my child will result in him/her being expelled from an event or the Rangers Program.

Parent/Guardian's Signature..... Date.....

*PLEASE NOTE: The Royal Bahamas Defence Force, participating schools and Instructors will not be financially liable to any injuries incurred through student's negligence during any Ranger activity. All participants are required to have current medical insurance to participate in events.