



Southern Missouri District Royal Rangers
**BACKPACKING ACTION &
 ADVENTURE KAMPS**



Trainee Application

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church Name & City: _____ Outpost #: _____

Which camp will you be attending? *(mark one)*

- BAC - Backpacking ACTION Camp:** Must be a graduate of the 8th grade. Includes BAC patch, class materials, lunch on Thursday, and transportation to & from the trail head.....\$20.00
- BAK - Backpacking ADVENTURE Kamp:** Must be a graduate of the 5th grade. Includes lunch on Thursday & transportation to & from the trail head. Adult male leaders may attend as well.\$10.00

T-shirt size *(adult sizes only – circle one)*: S M L XL 2XL 3XL

Hat size (if known): _____ Last grade in school completed (boys only): _____

- Camp Details for 2023 -

- Camp Date:** June 29 – July 1, 2023
- Location:** Meet at Ozark AG at 10AM. Hike will take place along the Buffalo River (Arkansas).
- Registration Fee:** See above. Full fees must accompany this application.
- Application Deadline:** June 25th
- Mail this application to:** SoMo District Royal Rangers, 528 W Battlefield, Springfield MO 65807
- Contact:** Mark Jones at (417) 343-0463 or markjonesranger@hotmail.com
- Equipment & Meals:** Please refer to the BAC / BAK handout at "SoMoRangers.com/BAC" for details

All trainees must pre-register before the application deadline shown above. Please make checks payable to "SoMo District Royal Rangers." All participants are responsible for their own gear and food. Please refer to the **SoMo District Backpacking Handout** at SoMoRangers.com for suggested gear and menu as well as additional details.

APPROVAL SIGNATURES: All boys must be approved by their parents and Outpost Coordinator to participate in the camp. All adults (18 yrs of age) must also be approved by their Outpost Coordinator and church to work with boys, which must include a criminal & child abuse background check. Signatures to the right represent these approvals.

 Parent's Signature (boys only)

 Outpost Coordinator's Signature (boys & adults)

 Pastor's Signature (adults only)

INDIVIDUAL MEDICAL FORM
HEALTH HISTORY & MEDICAL PERMISSION FORM

Name: _____ Church Name & City: _____

To be completed by the applicant and/or physician. Please check all boxes that apply and briefly explain all checked boxes under remarks:

<input type="checkbox"/>	Lung or breathing problems	<input type="checkbox"/>	Hearing or ear problems	<input type="checkbox"/>	Skin infections
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Eye or vision problems	<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Sinus or nasal problems	<input type="checkbox"/>	Fainting or dizziness
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Are you taking any prescription medications of any kind? If so, please list medication and purpose: _____

Are you allergic to any kind of drugs or medications? If so, please specify: _____

Are you aware of any medical condition that may prevent or limit your involvement in strenuous physical activities? If so, please specify: _____

Remarks and additional notes. Use additional sheets if needed.

Give latest date of inoculation or vaccination against the following:

Tetnus		Typhoid	
Small Pox		Diphtheria	
Measels		Polio	

In the event that hospitalization is needed, please complete the following:

Name of Insured (Policy Holder): _____

Medical/Hospital Insurance Company _____

Policy or certificate number _____

Employer _____ Employers group number _____

MEDICAL RELEASE: In case of emergency, I hereby give permission to the physician or medical personnel at hand to render treatment at his/her discretion. Should it be deemed necessary by a qualified physician, I authorize hospitalization, anesthesia, surgery, or injection of medication.

 Parents/Guardian Signature

 Date