



Southern Missouri District Royal Rangers

ADVANCED JUNIOR TRAINING CAMP

TRAINEE APPLICATION



Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate/Emergency Phone: _____

Church Name & City: _____ Outpost #: _____

T-shirt size (available in men's sizes only – circle one): S M L XL 2XL 3XL

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

- Camp Details for 2023 -

- Camp Date:** July 6-8, 2023
- Location:** District Royal Rangers Campgrounds
- Registration Fee:** \$85.00 Full fees must accompany this application.
- Application Deadline:** June 26th (all applications must be received by this date)
- Pre-requisites:** Must be a graduate of the 7th grade (Adventure or Expedition Ranger)
- Mail this application to:** SoMo District Royal Rangers, 528 W Battlefield, Springfield MO 65807
Phone: (417) 881-1316 or E-mail: rangers@somoag.org

All trainees must pre-register before the application deadline shown above. Please make checks payable to "SoMo District Royal Rangers."

All applicants must be approved by their parents and Outpost Coordinator to participate in the camp. Please complete both sides of this application, including the medical form on the reverse side.

Parent's Signature

Outpost Coordinator's Signature

Parent's Name (please print)

Outpost Coordinator's Name (please print)

For District Use Only

Date received: _____

Amount Received: _____

Check #: _____

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

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:

Tetanus _____ Small Pox _____ Measles _____ Typhoid _____ Diphtheria _____ 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

AJTC PERSONAL EQUIPMENT LIST

CLOTHING:

- Jeans, knee-length shorts, & T-shirts as needed
- Camp-suitable shoes or hiking boots
- Socks & underclothes as needed
- Rain poncho or other rain clothing
- Swimsuit & swimming shoes or sandals
- Light jacket

- Towels and washcloths
- Watch (or small portable alarm clock)
- Insect repellent & sun screen
- Flashlight with extra batteries
- Camp chair
- Pocket knife (optional)
- Canteen or water bottle
- Small Bible or New Testament
- Pen or pencil (a notebook will be issued at registration)

PERSONAL ITEMS:

- Sleeping bag or blanket with pillow
- Sleeping pad or cot (optional)
- Bathroom Kit (soap, shampoo, comb, toothpaste, toothbrush, deodorant, etc.)