



Southern Missouri District Royal Rangers  
**CANOEING 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)

**Canoeing ACTION Camp (CAC):** Must be a graduate of the 8<sup>th</sup> grade. Includes a hat, T-shirt, CAC patch, Canoeing merit patch. No meals are provided. ....**\$35.00**

**Canoeing ADVENTURE Kamp (CAK):** Must be a graduate of the 5<sup>th</sup> grade. Adult male leaders may attend as well. No meals are provided. ....**\$10.00**

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

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

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**- Camp Details for 2026 -**

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**Camp Date:** June 18-20, 2026  
**Start Time:** Meet at Ozark AG at 10AM THU, June 18<sup>th</sup> (or let us know you will meet us there)  
**Location:** To be determined based on river conditions at the time (contact us for details)  
**Registration Fee:** See above  
**Application Deadline:** June 7th for CAC, pre-registration is not required for CAK  
**Mail this application to:** SoMo District Royal Rangers, 528 W Battlefield, Springfield MO 65807  
**Contact:** John Hicks at 417-773-6293 or [rangers@somoag.org](mailto:rangers@somoag.org)

You must bring your own canoe or kayak, paddles, and life jacket or make arrangements to borrow or rent equipment as this fee does not include a canoe rental. You must also bring & prepare your own meals or make arrangements to eat with your outpost. All CAC trainees must pre-register before the application deadline shown above. Please make checks payable to "SoMo District Royal Rangers" and refer to the Canoeing Camps Info Handout for additional camp 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)

Canoeing Action & Adventure Camps  
**HEALTH HISTORY & MEDICAL AUTHORIZATION 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 \_\_\_\_\_

**PLEASE NOTE: Participation in this event is voluntary and requires the ability to walk through moving water unassisted on slippery, rocky, and uneven ground, carry a canoe or kayak up and down embankments, enter & exit a canoe or kayak in deep water. Each individual must have the ability to swim and will be personally responsible for their own emergency medical care and evacuation should it become necessary.**

**MEDICAL AUTHORIZATION: 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 (for minors) or Participant Signature

\_\_\_\_\_  
 Date