



**2017  
Canoe Action Camp Application**

Total Camp  
Fee: \$95.00

Camp Dates: Nov. 30-Dec. 03, 2017

**"THIS IS EMERGENCY & CONTACT INFORMATION PLEASE PRINT CLEARLY"**

Name:				Date of Birth:				
Address:								
City, State, Zip:								
Home Phone:								
Emergency Contact:				Contact Phone:				
Church:				Contact Phone:				
Email:								
Shirt Size (Check both sides):	<input type="checkbox"/> Adult Size	<input type="checkbox"/> Youth Size	↔	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large	<input type="checkbox"/> X-Lrg	<input type="checkbox"/> 2X-Lrg
Parent / Guardian Signature:								
Senior Commander Signature:								
Pastor Signature:								

1. A \$25.00 non-refundable application fee must accompany each form.
2. All checks should be payable to Royal Rangers.
3. Completed form and application fee should be mailed to:

**CWRA, 4438 Harden Oak Trail Lakeland, FL. 33813**

4. A \$25.00 late fee will be applied to all applications postmarked after the deadline date.
5. For information call 813-763-6657 or email to: [cwra\\_registration@floridarangers.com](mailto:cwra_registration@floridarangers.com)
6. No faxed applications will be accepted.
7. All applications must include a completed District Medical Form. Campers arriving at Camp Wilderness without a completed medical form will not be allowed to register or participate. No Exceptions !
8. All applications must include all signatures – parent, senior commander, and pastor.
9. Campers must be in the 8th Grade by the starting day of the camp

**Incomplete applications and applications not meeting the above requirements  
WILL BE RETURNED.**

**Postmark Deadline: Nov. 16, 2017**

Office Use Only	
Date Received:	
Balance Due:	



# Canoe Action Camp Personal Equipment Checklist

## **CLOTHING (Pack all clothes, and handbooks etc. in gallon size ziplock bags)**

- Royal Ranger Jacket (if available), or Royal Ranger Sweatshirt (or plain sweatshirt)
- 2 pair blue jeans or fatigues, 2 Royal Rangers T-shirts, 2 pair of shorts
- 1 pair heavy boots or shoes for camp activities plus the pair you are wearing (NO open toed shoes).
- 2 pair of socks for casual wear (i.e. white sports socks) 2 pair of black / blue socks for uniform
- Poncho/Raincoat with hood
- Extra clothing: Socks, Underwear, T-shirts, Hankerchiefs as desired for 4 days & 3 nights.
- One or Two Swimsuits
- Wet Suit or Spring Suit & PFD (IF you ALREADY own them, DO NOT BUY THEM)
- Water shoes or alternate pair of tennis shoes to get wet, (NO OPEN TOED SHOES) (Not your regular shoes or boots)

## **GEAR (\* = optional) (Pack all your gear in Ziplock bags, in your Duffle bag or Backpack or Drysack)**

- Red Cross Canoeing book or BSA Canoeing / Whitewater merit badge pamphlets. (Study before you come to camp).  
There will be a pre-camp knowledge exam on Thursday when you arrive.
- Backpack, or Duffle bag, or Drysack containing all your gear for off and on the river. (The more water proof the better)
- Waterproof ground cloth, Sleeping bag and or blanket & sleeping pad or air mattress
- Small tent or personal bivy (one or two man)
- Toiletries: Toilet Paper, Soap, Toothbrush, Toothpaste, Comb / Hair brush, Towel, Washcloth, (shower supplies) etc.
- Small personal mess kit (Individual Pan, Pot, Plate, Bowl, Cup, Knife, Fork, Spoon)
- Any medications needed (from Perscriptions to Aspirin)
- Waterproof match container & matches

## **OTHER ITEMS TO REMEMBER**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Watch (or small portable alarm clock)             | <input type="checkbox"/> 3 heavy duty garbage bags with ties | <input type="checkbox"/> * Ditty bags for small items |
| <input type="checkbox"/> Non Aerosol Insect Spray                          | <input type="checkbox"/> 6 extra Gallon size Ziplock bags    | <input type="checkbox"/> * Small pkg Facial Tissue    |
| <input type="checkbox"/> Flashlight / Headlamp (extra batteries)           | <input type="checkbox"/> Toilet Paper in Ziplock Bag         | <input type="checkbox"/> * Nail clippers with file    |
| <input type="checkbox"/> Folding Pocket knife & whetstone                  | <input type="checkbox"/> Small shovel or trowel              | <input type="checkbox"/> * Sunglasses                 |
| <input type="checkbox"/> Extra Bath / Beach towels for swim and showering  | <input type="checkbox"/> _____                               | <input type="checkbox"/> * Sunscreen                  |
| <input type="checkbox"/> 8 inch mill file                                  | <input type="checkbox"/> _____                               | <input type="checkbox"/> * Pillow                     |
| <input type="checkbox"/> Silva-style compass                               | <input type="checkbox"/> _____                               | <input type="checkbox"/> * Compact Sewing Kit         |
| <input type="checkbox"/> Small Bible, Pen & Pencil                         | <input type="checkbox"/> _____                               | <input type="checkbox"/> * Pajamas                    |
| <input type="checkbox"/> Adventure in Camping Handbook                     | <input type="checkbox"/> _____                               | <input type="checkbox"/> * Camera                     |
| <input type="checkbox"/> Adventure or Expedition Ranger Handbook           | <input type="checkbox"/> _____                               | <input type="checkbox"/> * Survival Kit               |
| <input type="checkbox"/> Canteen or Personal Water Bottles (Minimum 2 qts) | <input type="checkbox"/> _____                               | <input type="checkbox"/> _____                        |
| <input type="checkbox"/> Small Personal First Aid kit                      |  |   |

Electronic Devices ( Cell Phones, I-Pods, DS, PSP , etc. ) will not be allowed and will be held for the duration of the camp.

# Royal Rangers Medical Release Form

*Royal Rangers Medical History/ Release Form -- Chartering Dates Sep, 20\_\_\_ thru Aug, 20\_\_\_*

*All information on this form is private & shall remain confidential*

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ OP# \_\_\_\_\_ Division \_\_\_\_\_ Church \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1.) Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH HISTORY** Check either Yes or No. If Yes, please explain under "Remarks and Medical Facts"

	Yes	No		Yes	No		Yes	No
Sinus&Condition&	&	&	Shortness&of&Breath&	&	&	Exposed&to&infections:&		
Ear&Problem&	&	&	Skin&Infection&	&	&	Disease&past&3&weeks&		
Lung&Problem&	&	&	Hearing&Difficulty&	&	&	Hepatitis&past&6&mths&		
Heart&Trouble&	&	&	Bad&Eyesight&	&	&	Any&Disorder&preventing&strenuous&activity&		
High&Blood&Pressure&	&	&	Wear&Eye&Glasses&	&	&	Taking&prescription&medicine&		
Allergy Asthma&	&	&	Wear&Contact&Lenses&	&	&	Any&negative&reaction&to&drugs&or&medicine&of&any&type&		
Fainting&or&Dizzy&Spells&	&	&	Medical&Care&in&last&year&	&	&	&&Nervous&/&upset&easily&		
Diabetes&	&	&	Surgery&in&last&year&	&	&	Home&sick&		
Appendix&Removed&	&	&	Special&Diet&Required&	&	&	Sleep&walker&		
Dental&Appliances&								

**Remarks and Medical Facts (Allergies/Dietary Needs/Etc.):**

	<b>Swimming Ability (please check one):</b>
	<b>Non-Swimmer                  Beginner</b>
	<b>Intermediate                  Advanced</b>
	<b>Life Guard</b>

In the event medical care is needed for the child named above, I hereby give authorization/permission to the Medical Staff and/or the Person In Charge, or their designee, to use their discretion in rendering care and treatment to the child. I hereby authorize the Medical Staff and/or the Person In Charge, or their designee, to use their discretion in contacting a properly licensed paramedic, physician, or emergency health care center (hospital, or clinic, or 911) and to follow their instructions. I also authorize the Medical Staff and/or Person In Charge, or their designee, to authorize/order emergency medical services for my child, including emergency rescue services, ambulance transport, hospitalization, surgery, anesthesia, and medication.

Last Tetanus Shot \_\_\_/\_\_\_/\_\_\_

Insurance Co.: \_\_\_\_\_

Policy ID/Group #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent  or Guardian  (please check one)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF FLORIDA                  COUNTY OF \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_. (S)He is personally known to me or has produced \_\_\_\_\_ as identification.

Signature of Notary                  Print Name of Notary                  Notary Stamp/Seal