



2017 Junior Training 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
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 7th 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:	



Junior Training Camp Personal Equipment Checklist

CLOTHING

- One complete Royal Ranger Utility uniform recommended (No hats, bolos, or pinned on items). (Outpost Uniform acceptable).
- 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.

GEAR (* = optional)

- Backpack with frame (internal or external) containing all your gear. (for overnight hike)
- (Tent 2 or 4 Person) & Waterproof ground cloth (for use during the overnight hike)
- Sleeping bag and or blanket & sleeping pad or air mattress
- 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 Asprin)

OTHER ITEMS TO REMEMBER

- | | | |
|------------------------------------------------------------------|-------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Waterproof match container & matches | <input type="checkbox"/> * Ditty bags for small items | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Watch (or small portable alarm clock) | <input type="checkbox"/> * Small pkg Facial Tissue | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Non Aerosol Insect Spray | <input type="checkbox"/> * Nail clippers with file | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Flashlight (extra batteries) | <input type="checkbox"/> * Sunglasses | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Folding Pocket knife & whetstone | <input type="checkbox"/> * Sunscreen | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hand Axe & Cover | <input type="checkbox"/> * Pillow | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 8 inch mill file | <input type="checkbox"/> * Compact Sewing Kit | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Silva-style compass | <input type="checkbox"/> * Pajamas | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Small Bible, Pen & Pencil | <input type="checkbox"/> * Camera | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Adventure in Camping Handbook | <input type="checkbox"/> * Survival Kit | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Adventure or Expedition Ranger Handbook | <input type="checkbox"/> * Musical Instrument | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Canteen or Water Bottle | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Small Personal First Aid kit | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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.):

	Swimming Ability (please check one):
	<input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner
	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
	<input type="checkbox"/> Life Guard

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