



# 2017 Survival 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:	



# Survival Action Camp Personal Equipment Checklist

## CLOTHING

- 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.
- 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)
- Waterproof match container & matches

## OTHER ITEMS TO REMEMBER

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Watch (or small portable alarm clock)    | <input type="checkbox"/> * Ditty bags for small items | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Non Areasol Insect Spray                 | <input type="checkbox"/> * Small pkg Facial Tissue    | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Flashlight (extra batteries)             | <input type="checkbox"/> * Nail clippers with file    | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Folding Pocket knife & whetstone         | <input type="checkbox"/> * Sunglasses                 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sharp sheath(fixed blade) knife & Sheath | <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"/> * Musical Instrument         | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Adventure or Expedition Ranger Handbook  | <input type="checkbox"/> * _____                      | <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.):**

	<b>Swimming Ability (please check one):</b>
	<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