

Southern Missouri District Royal Rangers

JUNIOR ACADEMY



TRAINEE APPLICATION

Name:	Date of Birth:							
Address:								
City:			Sta	ite:		Zip:		
Home Phone:	Alt	Alternate/Emergency Phone:						
Church Name & City:			Outpost #:					
T-shirt size (available in mer	ı's sizes only – circle one):	S	M	L	XL	2XL	3XL	
Hat size (if known):		La:	st school	grade co	ompleted	d:		
	- Camp Det	tails f	or 202	4 -				
Camp Date: Location: Registration Fee: Application Deadline: Pre-requisites:	August 14-17, 2024 (N District Royal Rangers \$130.00 Full fees mus presented upon comp August 7th (all applica Must be a graduate of and one Action Camp.	Campa tacco letion ations r the 9t	grounds mpany t of this ca must be a th grade	amp. <i>received</i> (Expedit	<i>by this d</i> iion Rang	ate) er) as w	ell as JTC, AJTC,	
	JTC:				•	•		
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-registe "SoMo District Royal Ranger		∍adline	shown	above. F	Please ma	ake ched	ks payable to	
All applicants must be approcomplete both sides of this a	·	•					e camp. Please	
Parent's Signature			Outpost Coordinator's Signature					
Parent's Name (please print)		Outpost	Coordina	ator's Na	me (plea	ase print)	
	For Disti	rict Us	e Only					
Date received:	Amount Recei	ved: _				Checl	<#:	

INDIVIDUAL MEDICAL FORM

HEALTH HISTORY & MEDICAL PERMISSION FORM

Name:	Church Name & City:							
To be completed by the applicant and/or physic	cian. Please check all boxes that apply and bri	efly explain all checked boxes under						
remarks:								
Lung or breathing problems	Hearing or ear problems	Skin infections						
Allergies	Eye or vision problems	High blood pressure						
Asthma	Sinus or nasal problems	Fainting or dizziness						
Are you taking any prescription medications of	any kind? If so, please list medication and pu	rpose:						
Are you allowed to any kind of draws or modicate	ions? If so places specify:							
Are you allergic to any kind of drugs or medicat Are you aware of any medical condition that ma								
Are you aware or any medical condition that his	ay prevent or mint your involvement in strend	ious priysical activities: It so, please specify.						
Remarks and additional notes. Use additional	sheets if needed.							
Give latest date of inoculation or vaccination ag	,							
Tetanus Small Pox Measles Typhoid Diphtheria Polio								
to the count the	A least the Parking in a said of all and a second to	Ale a Callacutana						
	t hospitalization is needed, please complete							
Name of Insured (Policy Holder):								
Medical/Hospital Insurance Company								
Employer	Policy or certificate number Employers group number							
Linployei								
MEDICAL RELEASE: In case of emergency, I he	rehy give permission to the physician or med	ical personnel at hand to render treatment						
at his/her discretion. Should it be deemed ne								
injection of medication.								
•								
Parents/Guardian Signature	 Date							

JUNIOR ACADEMY PERSONAL EQUIPMENT LIST

You will be housed indoors with your patrol.

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
- Complete Royal Rangers Utility Uniform in pin format (see Expedition Rangers Handbook for details)
- FCF outfit (or anything similar to a western or frontier outfit for use in council fire skits)

PERSONAL ITEMS:

Sleeping bag or blanket with pillow

- Sleeping pad or cot (recommended)
- Bathroom Kit (soap, shampoo, comb, toothpaste, toothbrush, deodorant, etc.)
- 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)