

Southern Missouri District Royal Rangers

ADVANCED JUNIOR TRAINING CAMP



TRAINEE APPLICATION

Name:			Date of Birth:					
Address:								
City:						Zip:	Zip:	
Home Phone:			Alternate/Emergency Phone:					
Church Name & City:					Out	post #: _		
T-shirt size (available in men's sizes only – circle one):			М	L	XL	2XL	3XL	
Hat size (if known):		Last school grade completed:						
	- Camp Det	ails f	or 2024	1 -				
Camp Date: Location:	August 15-17, 2024 (NEW DATE) District Royal Rangers Campgrounds							
Registration Fee:	\$85.00 Full fees must accompany this application.							
Application Deadline:	August 7th (all applications must be received by this date)							
Pre-requisites:	Must be a graduate of the 7th grade (Adventure or Expedition Ranger)							
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-register "SoMo District Royal Rangers		eadline	shown a	bove.	Please ma	ake chec	ks payable to	
All applicants must be approv complete both sides of this ap	•						camp. Please	
Parent's Signature		-	Outpost (Coordin	ator's Sig	nature		
Parent's Name (please print)		(Outpost (Coordin	ator's Na	me (plea	ase print)	
	For Distr	rict Use	e Only					
Date received:	Amount Recei	1				Check	. и.	

INDIVIDUAL MEDICAL FORM

HEALTH HISTORY & MEDICAL PERMISSION FORM

Name:	Church Name 8	& City:		
To be completed by the applicant and/or phy	sician. Please check all boxes that apply	and briefly 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			
Are you taking any prescription medications of	of any kind? If so, please list medication	and purpose:		
Are you allergic to any kind of drugs or medic Are you aware of any medical condition that		strenuous physical activities? If so, please specify:		
Remarks and additional notes. Use additional	al sheets if needed.			
Give latest date of inoculation or vaccination	against the following:			
Tetanus Small Pox	Measles Typhoid	Diphtheria Polio		
<u>In the event t</u>	hat hospitalization is needed, please cor	nplete the following:		
Name of Insured (Policy Holder):				
Medical/Hospital Insurance Company				
Policy or certificate number				
Employer	Employers group number	·		
•	, , ,	or medical personnel at hand to render treatment orize hospitalization, anesthesia, surgery, or		
Parents/Guardian Signature				

AJTC 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
- 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)