Revised 4/16/2012

Arkansas District Royal Rangers

ACTION CANOE EXPEDITION

TRAINEE APPLICATION

THIS CAMP IS FOR MEN AND BOYS

This camp is a part of the Ouachita Mountain Ranger Academy (OMRA), the Training Program for the Arkansas District Royal Rangers

Name: _____ Date of Birth: _____

Mailing Address: _____Email:_____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate/Emergency Phone: _____

Church & City: _____ Outpost #: _____

Position ❑ Expedition Ranger ❑ Commander ❑ Assist. Commander ❑ Other _____

T-shirt size *(available in men's sizes only – circle one)*: S M L XL XXL

Hat size (if known): _____ (Men & Boys) Grade in School (as of **Spring 2012):** _____ (Boys Only)

- Camp Details for 2012 -

Camp Date: **June 14th -16th, 2012 Registration at 10:30 am.**

Location: Buffalo National River, Tyler Bend Hwy 65 north of Marshall, AR
Need a map or directions to the camp? Call the number shown below.

Registration Fee: **$85.00** Chartered Outposts **$105.00 Non Chartered Outposts**
($30.00 pre-registration fee must accompany this application)

Application Deadline: **May 19th** ***(all applications must be postmarked by this date)***

Pre-requisites: ***Must be a graduate of the 9th grade (Expedition Ranger), JTC, and AJTC or a Man in good standing in the church with current Background Checks***

Mail this application to: George Weaver, AR District Training Coordinator
First Assembly of God, 4501 Burrow Drive, North Little Rock, AR 72116
501-413-7843, gweaver@firstnlr.com

All trainees must **pre-register** before the application deadline shown above. "Walk-ons" or late applications cannot be allowed. Pre-registration fees are non-refundable and will be applied towards your total camp fee. **Please make checks payable to *"Arkansas District Royal Rangers."***

All applicants must be approved by their parents and Outpost Coordinator to participate in the camp. Please complete both sides of this application, including the medical form on the reverse side.

Expedition Ranger
Applicant Meets all of the above requirements

_____
Parent's Signature

_____
Outpost Coordinator's Signature

Adults - Leaders
Applicant Meets all of the above requirements

_____
Applicant's Signature

_____
Pastor's Signature–I certify that this Leader has a current Background Check on file at the Church.

For District Use Only

Date received: _____ Amount Received: _____ Check #: _____

INDIVIDUAL MEDICAL FORM
HEALTH HISTORY & MEDICAL PERMISSION FORM

Name: _____ Church Name & City: _____

To be completed by the applicant and/or physician. 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		Fainting or dizziness

Are you taking any prescription medications of any kind? If so, please list medication and purpose:

_____

_____

Are you allergic to any kind of drugs or medications? If so, please specify: _____

_____

Are you aware of any medical condition that may prevent or limit your involvement in strenuous? physical activities? If so, please specify: _____

_____

Remarks and additional notes. Use additional sheets if needed.

_____

_____

_____

Give latest date of inoculation or vaccination against the following:

Tetanus _____ Small Pox _____ Measles _____ Typhoid _____

Diphtheria _____ Polio _____

In the event that hospitalization is needed, please complete the following:

Name of Insured (Policy Holder): _____

Medical/Hospital Insurance Company _____

Policy or certificate number _____

Employer _____ Employers group number _____

MEDICAL RELEASE: In case of emergency, I hereby give permission to the physician or medical personnel at hand to render treatment at his/her discretion. Should it be deemed necessary by a qualified physician, I authorize hospitalization, anesthesia, surgery, or injection of medication.

_____ _____

Parents/Guardian Signature (Boys Only) Date

_____ _____

Applicant's Signature (Adults) Date

ACE PERSONAL EQUIPMENT LIST

Please mark all clothes and personal items

CLOTHING:

- Required: 2 RR t-shirts (traditional style, white with large emblem centered on front) and a camp T-shirt (which will be issued at registration) with either blue jeans with brown or black belt OR tact pants with black belt. A special camp hat which will be issued at registration, is to be worn at all times when outside except when swimming or praying. It is to be removed from your head when under a cover, for examples; a tent, a canopy or a roof.

- Recommended: Complete Utility uniform (RR utility shirt with tact pants with black belt/silver buckle) for use at registration and final assembly.

- Camp-type shoes
- Socks for casual wear (i.e., white sports socks)
- Jeans for daily wear
- Rain poncho or other rain clothing
- Underclothes
- Swim suit & swimming shoes or sandals
- Light jacket
- Extra clothing as desired. Knee-length shorts will be allowed.

PERSONAL ITEMS:

- Sleeping bag or blanket with pillow
- Sleeping pad (optional)
- Personal hygiene kit (Biodegradable soap only, comb, toothpaste, toothbrush, deodorant, etc.)
- Towels and washcloths
- Watch (or small portable alarm clock)
- Small personal mess kit (including plate, cup, bowl, and silverware)
- Insect repellent & sun screen
- Flashlight with extra batteries
- Pocket knife
- Canteen or water bottle (no glass allowed) you may want to bring water purification tablets
- Waterproof Matches
- Small tent, with stakes/rain fly & ground cloth
- Personal first aid kit
- Compass, Silva style preferred
- *Adventures in Camping* handbook & RR handbook
- Small New Testament
- Paper & pen (a notebook will be issued at registration)

REMEMBER*…you will be carrying your equipment with you in a canoe, so PACK LIGHT, keep everything TIED IN, and as DRY as possible.* Dry bags, ziploc bags or double trash bags for keeping stuff dry