



Arkansas District Royal Rangers

Elite Junior Leadership Camp

TRAINEE APPLICATION



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

Name: _____ Grade starting in August this year: _____
 Date of Birth: _____ Address: _____ Outpost #: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Email: _____
 Alternate/Emergency Phone: _____ Church & City: _____
 T-shirt size (*available in men's sizes only – circle one*): S M L XL XXL Hat size: S M L

- Camp Details for 2012 -

Camp Date: July 26th – 29th **Registration** starts at 10:30 am / 12:00 **Orientation Luncheon**
Location: Snow Springs Camp Ground and Retreat, 3564 Park Ave. Hot Springs Ar. 71901
 Emergency Phone number: 1-501-623-4700

Registration Fee:

Payment Postmarked* or Received** Between	Chartered	Non-Chartered
March 1 to June 15, 2012	\$80.00	\$95.00
June 16 to July 1, 2012	\$95.00	\$110.00
July 2 to July 15, 2012#	\$110.00	\$125.00

#After June 15, 2012 there is a good chance you will not receive T-shirt's and a hat.

(\$30.00 pre-registration fee must accompany this application)

Pre-requisites: Must be a graduate of the 10th grade and must be at least your 6th camp

Circle camps attended JTC AJTC ATT JTT ACE JCE JSC JMC Other _____

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 register before the application deadline shown above. No application will be accept after July 15, 2012. 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.

The applicant meets the above requirements

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 Parent's Signature

 Outpost Coordinator's Signature

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:

<input type="checkbox"/>	Lung or breathing problems	<input type="checkbox"/>	Hearing or ear problems	<input type="checkbox"/>	Skin infections
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Eye or vision problems	<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Sinus or nasal problems	<input type="checkbox"/>	Fainting or dizziness
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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

 Date

EJLC PERSONAL EQUIPMENT LIST

Please put your name on all clothes and personal items

PLEASE NOTE: ALL elements of the uniform must be worn as described in the equipment list

CLOTHING:

- **Required: Complete Utility uniform** (RR utility shirt with tact pants with black belt, black socks and shoes/boots that can be shined.)
 - 2 RR t-shirts (traditional style, white with large emblem centered on front) and two camp T-shirts (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 will be issued at registration which 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.
 - Small shoe-shine kit with **black** shoe polish
 - Camp-type shoes or hiking boots
 - 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.
 - Shorts are not recommended, however can be worn if you're not concerned about insects biting or attaching to bare legs.

PERSONAL ITEMS:

- Sleeping bag or blanket with pillow
- Sleeping pad (optional)
- Personal hygiene kit (soap, shampoo, comb, toothpaste, toothbrush, deodorant, etc.)
- Towels and washcloths
- Insect repellent & sun screen
- Flashlight with extra batteries
- Canteen or water bottle
- Small Bible or New Testament
- Pen or pencil (a notebook will be issued at registration)

NOTE: You will receive training in Leadership and the things of God. Expect the bar to be set higher and the expectations of you to be much more. When you graduate you should feel a great deal of honor because you were able to do something that others either chose not to do or were not able to do. You will be a step ahead and above others in your leadership skills and in growing your personal relationship with Christ.

