



Arkansas District Royal Rangers
JUNIOR TRAINING 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

- 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 at least a graduate of the 7th grade (Adventure Ranger)**

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

The applicant meets the above requirements

 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:

| | | | |
|--|----------------------------|--|-------------------------|
| | Lung or breathing problems | | Hearing or ear problems |
| | Allergies | | Eye or vision problems |
| | Asthma | | Sinus or nasal problems |
| | | | |

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.

Parent/Guardian printed name

Emergency Contact name

Parents/Guardian Signature

Date

JTC 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:** 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, 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 during morning assemblies.
- Camp-type shoes or hiking boots
- Jeans for daily wear
- Rain poncho or other rain clothing
- Underclothes to include Socks for casual wear (i.e., white sports socks)
- 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 poison ivy or insects biting or attaching to bare legs.

PERSONAL ITEMS:

- Sleeping bag or blanket with pillow with Sleeping pad (optional)
- Small personal mess kit (including plate, cup, bowl, and silverware)
- Lock blade knife
- Compass, Silva style preferred
- Watch (or small portable alarm clock)
- 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 with 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.