

Junior Leadership Training Academy  
July 14-18, 2010  
So. Mo. Dist. RR  
Application



NAME: \_\_\_\_\_

PARENT/LEGAL GAURDIAN'S NAME: \_\_\_\_\_

ADRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADRRESS: \_\_\_\_\_

Church name: \_\_\_\_\_

Outpost #: \_\_\_\_\_

T-shirt size: Adult S M L XL

Hat Size: S M L XL

Requirements: completed JTC, JCE, JTT, AJTC and in Expedition Rangers

Cost: \$100 before May 14, 2010 & \$125 after May 14, 2010 (make check payable to So Mo RR)

Cost includes: beret, saber, camp patch, camp T-shirt, trainee notebook, nine meals, and snacks

Application deadline: May 14, 2010

Uniform required: class B, 2 white RR T-shirt & RR shorts

**NO CELL PHONE PERMITTED**

Permission slip/ Emergency release form required

Parent/ Legal Guardian's signature: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:

Cmdr. Bowser

807 E. Current Dr.

Ozark, Mo. 65781

or

[cbowser@centurytel.net](mailto:cbowser@centurytel.net)

## PERSONAL EQUIPMENT LIST

- Bible
- Cot or mat to sleep on
- Sleeping bag
- Pillow
- Pajamas
- Flashlight
- Big plastic container for storing personal thing in
- Towel & wash cloth & soap
- Tooth brush & paste
- Hankie
- Rain gear
- Pencil
- Complete Class B Khaki uniform (Khaki belt & black or brown shoes)
- Extra Khaki pants or shorts
- Socks (white & black)
- Tennis shoes
- RR t-shirts (white with emblem)
- Underclothing
- Jacket
- Water bottle

Southern Missouri District Royal Rangers Emergency Medical Information and Authorization Form

Event: Junior Leadership Training Academy, So. Mo. Dist. Royal Ranger Campground, June 14-18, 2010

Ranger's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Age: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Time of Day/Night you Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Time of Day/Night you Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons (other than Parents) to contact in case of an emergency:  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Questionnaire**

Please answer all of the following questions. Explain any "YES" answers.

1. Is your son being treated for any injury or illness: ..... Yes \_\_\_ No \_\_\_
2. Is your son taking any medication? If so, What? & When? ..... Yes \_\_\_ No \_\_\_
3. Does your son have asthma? ..... Yes \_\_\_ No \_\_\_
4. Is your son allergic to any form of medication? ..... Yes \_\_\_ No \_\_\_
5. Does your son have hay fever? ..... Yes \_\_\_ No \_\_\_
6. Does your son have any known allergies? ..... Yes \_\_\_ No \_\_\_
7. Has your son had his tonsils removed? ..... Yes \_\_\_ No \_\_\_
8. Has your son had his appendix removed? ..... Yes \_\_\_ No \_\_\_
9. Has your son had any other operations? ..... Yes \_\_\_ No \_\_\_
10. Is there any family history of any disease? ..... Yes \_\_\_ No \_\_\_
11. Does your son require a special diet? ..... Yes \_\_\_ No \_\_\_
12. Does your son have any chronic medical problems? ..... Yes \_\_\_ No \_\_\_  
 (i.e. cardiac, respiratory, kidney, seizure or other)
13. Has your son had any "childhood diseases"? ..... Yes \_\_\_ No \_\_\_  
 (i.e. measles, mumps, chicken pos, etc.)
14. Does your son sleepwalk? ..... Yes \_\_\_ No \_\_\_
15. Is your son hyperactive? (If so, is he on medication?) ..... Yes \_\_\_ No \_\_\_
16. Are there any medical considerations not mentioned? ..... Yes \_\_\_ No \_\_\_
17. What is the date of your son's last physical exam? \_\_\_\_\_
18. What is the date of your son's last tetanus shot? \_\_\_\_\_

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN.

\_\_\_\_\_  
 \_\_\_\_\_

PLEASE LIST ALL MEDICATIONS BEING TAKEN BY YOUR SON AT THIS TIME.

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>WHAT TIME(S)?</u>	<u>REASON FOR MED</u>
_____	_____	_____	_____
_____	_____	_____	_____

OVER

AUTHORIZATIONS

My son has permission to participate in any sanctioned event of the Southern Missouri District Royal Rangers provided he is supervised by authorized Royal Ranger leaders who are approved by the Southern Missouri District Royal Rangers. I understand that I will be contacted as soon as possible in the event of an emergency (accident, injury, or illness). I authorize the Commander-in-charge (or designate) to give consent for treatment of my son by a licensed medical personnel in the event of such an emergency. I also understand that the Commander-in-charge of any activity has the responsibility and right to restrict any party from any activity which he feels is beyond the physical capabilities of that party.

I understand that my personal insurance will be the primary insurance policy to be billed in the event of any medical treatment or evaluation and that the local church will be billed as the secondary insurance policy with the Southern Missouri District being the third insurance carrier.

I will not hold the Southern Missouri District Royal Rangers, the National Royal Rangers Organization, any authorized Royal Ranger leader, or any medical personnel financially responsible for any accident, injury, or illness when reasonable precautions have been taken for my son's safety.

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SIGNATURE OF FATHER, MOTHER OR LEGAL GUARDIAN

DATE