

Junior Leadership Training Academy
July 15 - 18, 2010
So. Mo. Dist. RR
Application



NAME: _____

PARENT/LEGAL GAURDIAN'S NAME: _____

ADRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Church name: _____

Outpost #: _____

T-shirt size: Adult S M L

Hat Size: S M L

Requirements: be an Adventure Rangers (recommended Basic JTC)

Cost: \$65 before June 13, 2010 & \$ 75 after June 13, 2010 (make check payable to So Mo RR)

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

Application deadline: June 13, 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: _____

Applicant's signature: _____

Emergency Phone Number: _____

Date: _____

Also bring your Discovery & Adventure Rangers Workbook with rope craft, tool craft, fire craft, lashing, & compass merits.

Return to:

Cmdr. Bowser

807 E. Current Dr.

Ozark, Mo. 65781

or

cbowser@centurytel.net

PERSONAL EQUIPMENT LIST

- Bible
- 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
- Discovery Rangers & Adventure Rangers workbook & handbook
- 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
- Tent (2-4 men tent to be shared with another boy)

Southern Missouri District Royal Rangers Emergency Medical Information and Authorization Form

Event: Junior Leadership Training Academy, So. Mo. Dist. Royal Ranger Campground, June 15-18, 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.

SIGNATURE OF FATHER, MOTHER OR LEGAL GUARDIAN

DATE