

Junior Leadership Training Academy
July 8 - 10, 2010
So. Mo. Dist. RR
Application



NAME: _____

PARENT/LEGAL GAURDIAN'S NAME: _____

ADRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

T-shirt size: Adult S M L XL

Hat size: S M L XL

Church name: _____

Outpost #: _____

Requirements: completed JTC, Expedition Rangers & also have Swimming Merit
(Limited number of openings)

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, six meals, and snacks

Application deadline: June 1, 2008

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: _____

Bring Canoeing Merit Paper Work

Return to:

Cmdr. Bowser

807 E. Current Dr.

Ozark, Mo. 65781

or

cbowser@centurytel.net

JCE PERSONAL EQUIPMENT CHECKLIST

GEAR

- Small two-man tent, with stakes & ground cloth
- Sleeping bag or blanket
- Sleeping pad
- Personal hygiene kit (soap, shampoo, comb, toothpaste, toothbrush, deodorant, etc.) All soaps must be biodegradable.
- Towels & wash cloths
- Watch
- Personal mess kit including plate, cup, bowl, and silverware
- Insect repellent & sun screen
- Small flashlight with extra batteries
- Pocket knife
- Canteen or water bottle
- Matches
- Small personal first aid kit
- Compass, Silva style preferred
- Small New Testament
- Pen & paper
- Plastic storage bags to help keep your equipment and clothing dry (i.e. zip lock bags, trash bags, etc.)

CLOTHING

- Complete “Class B” Royal Rangers uniform. Patches do NOT need to be removed.
- 2 Royal Rangers T-shirts (traditional style, white with large emblem centered on front)
- Jeans, fatigues, or knee-length shorts for daily wear
- Underclothes & socks
- Swim suit & swimming shoes or sandals
- One pair of comfortable shoes (moccasins, tennis shoes, etc.) to wear at campsite
- Poncho/rain suit
- Light jacket

OPTIONAL

- Pajamas
- Pillow (inflatable)

- Sunglasses
- Camera (lightweight with waterproof bag)
- Chap stick (for sun and wind protection)

Southern Missouri District Royal Rangers Emergency Medical Information and Authorization Form

Event: Canoeing Expedition at Jacks Fork River, Rymers Access & Campground, June 8 - 10, 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>FOR MED</u>	<u>DOSAGE</u>	<u>WHAT TIME(S)?</u>	<u>REASON</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