

Junior Leadership Development Academy
 Backpacking Action Camp
 June 20-22, 2019
 So. Mo. Dist. RR



NAME: _____
 PARENT/LEGAL GAURDIAN'S NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE NUMBER: _____
 EMAIL ADDRESS: _____
 Church name: _____
 Commander's name: _____
 Commander's email address: _____
 Commander's phone number: _____
 Commander's signature: _____
 Outpost #: _____
 T-shirt size: Adult S M L XL
 Hat size: S M L XL
 Requirements: be an Expedition Rangers
 Cost: \$60 (make check payable to So Mo RR)
 Costs for non chartered and non SOMO Dist. Churches add \$15.00.
 Application deadline: June 1, 2019
 Cost includes: camp patch, camp T-shirt, trainee notebook, six meals, and snacks
 Pictures will be taken that might be used for publication.
NO CELL PHONE PERMITTED
 Permission slip/ Emergency release form required
 Parent/ Legal Guardian's signature: _____
 Applicant's signature: _____
 Emergency Phone Number: _____
 Date: _____

Bring Backpacking, Advanced Backpacking, & Hiking Merits Paper Work

Return to
 So. Mo. Dist. Royal Rangers
 528 W. Battlefield Rd.
 Springfield, Mo. 65807
 Or email: rangers@somoag.org

JTT Personal Equipment List

- | | | |
|---|---|---|
| <input type="checkbox"/> Small Bible | <input type="checkbox"/> Mess Kit (plate/bowl & spoon/fork) | <input type="checkbox"/> Pencil |
| <input type="checkbox"/> Sleeping bag with storage bag | <input type="checkbox"/> Personal First aid kit | <input type="checkbox"/> Socks |
| <input type="checkbox"/> Tent to be shared with another boy | <input type="checkbox"/> Insect repellent | <input type="checkbox"/> Waterproof hiking boots |
| <input type="checkbox"/> Small tarp for under tent | <input type="checkbox"/> Rope | <input type="checkbox"/> Water shoes |
| <input type="checkbox"/> Clothes to sleep in | <input type="checkbox"/> Wet wipes | <input type="checkbox"/> RR T-shirt (white with emblem) |
| <input type="checkbox"/> Flash Light (extra batteries and bulb) | <input type="checkbox"/> Toothbrush and paste | <input type="checkbox"/> Change of under clothes |
| <input type="checkbox"/> Back Pack | <input type="checkbox"/> Rain gear | <input type="checkbox"/> Swimming shorts |
| <input type="checkbox"/> 1 gallon Ziploc bags to put things in | <input type="checkbox"/> Jacket | <input type="checkbox"/> 2 water bottles/canteens |
| <input type="checkbox"/> Compass | <input type="checkbox"/> Waterproof matches or lighter | <input type="checkbox"/> Duct Tape |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Water purifier | <input type="checkbox"/> Pillow |
| <input type="checkbox"/> Mat to sleep on | <input type="checkbox"/> Towel | |

Southern Missouri District Royal Rangers Emergency Medical Information and Authorization Form

Event: Junior Leadership Development Academy, June 20-22, 2019

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>
_____	_____	_____	_____
_____	_____	_____	_____

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