

Junior Leadership Development Academy
Shooting Sports Action Camp July 30-
August 1, 2020 So. Mo. Dist. RR
Application



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 #: _____

REQUIREMENTS: Be in 9th grade or above
COST: \$60 (make check payable to So Mo RR)
(Costs for non chartered and non Southern Missouri District churches add \$15.00)
APPLICATION DEADLINE: June 1, 2020
Cost includes: camp patch, trainee notebook, meals, and snacks Pictures
will be taken that might be used for publication.
Permission slip/ Emergency release form required
Parent/ Legal Guardian's signature: _____
Applicant's signature: _____
Emergency Phone Number: _____ Date: _____

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

Equipment list:

<input type="checkbox"/> Bible	<input type="checkbox"/> Weather-appropriate clothing
<input type="checkbox"/> Sleeping bag	<input type="checkbox"/> Shorts or swim trunks
<input type="checkbox"/> Royal Rangers utility uniform (optional)	<input type="checkbox"/> Tennis shoes
<input type="checkbox"/> Bug spray	<input type="checkbox"/> Water bottle/canteen
<input type="checkbox"/> Sleeping pad or cot	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Pillow	

Event: Shooting Sports Action Camp, So. Mo. Dist. Royal Ranger Campground, July 30-August 1, 2020

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.

Table with 4 columns: NAME OF MEDICATION, DOSAGE, WHAT TIME(S)?, REASON FOR MED. Includes blank lines for entry.

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