



2017 Backpacking Action Camp Application

Total Camp
Fee: \$95.00

Camp Dates: Dec. 27-30, 2018

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"THIS IS EMERGENCY & CONTACT INFORMATION PLEASE PRINT CLEARLY"

Name:		Date of Birth:	
Address:			
City, State, Zip:			
Home Phone:			
Emergency Contact:		Contact Phone:	
Church:		Contact Phone:	
Email:			
Shirt Size (Check both sides):	<input type="checkbox"/> Adult Size	<input type="checkbox"/> Youth Size	↔ <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> X-Lrg <input type="checkbox"/> 2X-Lrg
Parent / Guardian Signature:			
Senior Commander Signature:			
Pastor Signature:			

1. A \$25.00 non-refundable application fee must accompany each form.
2. All checks should be payable to Royal Rangers.
3. Completed form and application fee should be mailed to:

CWRA, 4438 Harden Oak Trail Lakeland, FL. 33813

4. A \$25.00 late fee will be applied to all applications postmarked after the deadline date.
5. For information call 813-763-6657 or email to:

cwra_registration@floridarangers.com
 schaefer.don@gmail.com
6. No faxed applications will be accepted.
7. All applications must include a completed District Medical Form. Campers arriving at Camp Wilderness without a completed medical form will not be allowed to register or participate. No Exceptions !
8. All applications must include all signatures – parent, senior commander, and pastor.
9. Campers must be in the 7th Grade by the starting day of the camp (capable of carrying a 50 LB backpack over 4 days)

**Incomplete applications and applications not meeting the above requirements
WILL BE RETURNED.**

Postmark Deadline: Dec. 1st, 2018

Office Use Only	
Date Received:	
Balance Due:	



Backpacking Action Camp Personal Equipment Checklist

BASIC Backpacking Checklist: Use Your Head; Carry **ONLY What YOU NEED!**

CARRY System (5 lbs.)

- Backpack (internal or ext. frame)
- No bookbags / haversacks

This is a basic and general all purpose list. Use your head and plan accordingly.

You do not have to bring permits, they are on the list so that you know that often they are needed. We have taken care of all permits for JTT.

CLOTHING System: 7.5 lbs total)

Plan for 1 cold day, 1 hot day, 1 rain day)

MUST HAVE ITEMS

- Small Bible & opt. Journal
- Nylon Cord 50'
- Needle & Thread
- Nylon / Duct Repair Tape
- 6 extra 1 gallon zip lock bags
- Knife (small lockblade style SHARP)
- Flashlight / Headlamp w/Extra Batt. & bulb
- Topographical Map Case /Gallon Ziplock Bag
- Compass (Silva or Lensatic)

- Sun Hat + (Stocking for warmth)
- T-Shirt x3
- Underwear x Days (3 min)
- Hiking Pants
- Shorts
- Socks (Thick and Thin) x4 ea.
- Sleep Shorts / Sweats (Season)

- Windbreaker
- Rain Gear (Poncho or Rain Suit)
- Swim Suit (Season)
- Gloves (Season)
- Bandana

MEDICAL (2 lbs.)

- Personal First Aid Kit
- Assorted bandaids
- 2 Non stick Telfa pads / gauze
- Antibiotic cream
- Allergy / Perscription Medication
- Medic Alert Tag / ID
- Lip Balm
- Sunscreen
- Insect Repellent
- Sunglasses (Terrain)
- Mole Skin 1 sheet (thick)
- Pain reliever (Asprin etc)

FOOTWARE System: 7.5 lbs total)

- Hiking Boots or Shoes (Terrain)
- Camp Shoes (Closed toe, Moccasins or Tennis Shoes)

SHELTER System (4 lbs)

- Tent 1 or 2 person (Season)
- Sleeping Bag (Season)
- Sleeping Pad
- Lightweight Tarp

COOKING System (3 lbs.)

- Backpacking Stove
- Cook Kit
- Drinking Cup
- Eating Utensils
- Matches / Lighter

TOILETRIES (Under 1 lb)

- Toothpaste & Brush
- Biodegradable Soap
- Toilet Paper
- Trowel
- Towel

PERMITS & IDENTIFICATION

- Fire & Camping Permit (If Req'd)
- Fishing & Mgmt Area Permit (If Req'd)
- Personal Identification
- Copy of your trip schedule (Original is to be left with a responsible party)
- Notepad & Pen/Pencil

OPTIONAL (3 lbs.)

- Camera
- Field Guide
- Playing Cards
- Nylon Water Bag
- Compact Games
- Treking pole / Walking stick
- Water Purification Tablets

Electronic Devices (Cell Phones, I-Pods, DS, PSP , etc.) will not be allowed and will be held for the duration of the camp.

Royal Rangers Medical Release Form

Royal Rangers Medical History/ Release Form -- Chartering Dates Sep, 20___ thru Aug, 20___

All information on this form is private & shall remain confidential

Name: _____ Birth Date: ___/___/___ Age: ___ Grade: ___

Home Address: _____ City: _____
State: ___ Zip: _____

Email address: _____ OP# _____ Division _____ Church _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

1.) Emergency Contact: _____ Relation: _____ Phone: _____

HEALTH HISTORY Check either Yes or No. If Yes, please explain under "Remarks and Medical Facts"

	Yes	No		Yes	No		Yes	No
Sinus&Condition&	&	&	Shortness&of&Breath&	&	&	Exposed&to&infections:&		
Ear&Problem&	&	&	Skin&Infection&	&	&	Disease&past&3&weeks&		
Lung&Problem&	&	&	Hearing&Difficulty&	&	&	Hepatitis&past&6&mths&		
Heart&Trouble&	&	&	Bad&Eyesight&	&	&	Any&Disorder&preventing&strenuous&activity&		
High&Blood&Pressure&	&	&	Wear&Eye&Glasses&	&	&	Taking&prescription&medicine&		
Allergy Asthma&	&	&	Wear&Contact&Lenses&	&	&	Any&negative&reaction&to&drugs&or&medicine&of&any&type&		
Fainting&or&Dizzy&Spells&	&	&	Medical&Care&in&last&year&	&	&	&&Nervous&/&upset&easily&		
Diabetes&	&	&	Surgery&in&last&year&	&	&	Home&sick&		
Appendix&Removed&	&	&	Special&Diet&Required&	&	&	Sleep&walker&		
Dental&Appliances&								

Remarks and Medical Facts (Allergies/Dietary Needs/Etc.):

	Swimming Ability (please check one):
	Non-Swimmer Beginner
	Intermediate Advanced
	Life Guard

In the event medical care is needed for the child named above, I hereby give authorization/permission to the Medical Staff and/or the Person In Charge, or their designee, to use their discretion in rendering care and treatment to the child. I hereby authorize the Medical Staff and/or the Person In Charge, or their designee, to use their discretion in contacting a properly licensed paramedic, physician, or emergency health care center (hospital, or clinic, or 911) and to follow their instructions. I also authorize the Medical Staff and/or Person In Charge, or their designee, to authorize/order emergency medical services for my child, including emergency rescue services, ambulance transport, hospitalization, surgery, anesthesia, and medication.

Last Tetanus Shot ___/___/___

Insurance Co.: _____

Policy ID/Group #: _____

Relationship: _____

Parent or Guardian (please check one)

Signature: _____

Printed Name: _____

Date: _____

STATE OF FLORIDA COUNTY OF _____
The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____. (S)He is personally known to me or has produced _____ as identification.

Signature of Notary Print Name of Notary Notary Stamp/Seal