



Camp Wilderness Junior Training Academy  
**Junior Missions Camp**

**Camp Fee**  
**\$95.00**

Name		D.O.B	
Address			
City	State	Zip	
Emergency Contact		Phone	
Email			
Church		Phone	

**T-Shirt Size**

- Youth       Adult  
 Small       Med       Large       X-Large       2X       3X

**Signatures**

Parent/Guardian	Date
Outpost Coordinator	Date
Pastor	Date

**Prerequisites** (All Prerequisites must have been met to attend JMC)

- JTC Completion       AJTC Completion       9th grade

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:

**CWJTA | 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: **rhutcheson@cfaith.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 have completed the 9<sup>th</sup> Grade by the starting day of the camp

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

**Postmark Deadline: July 18**

Office Use Only	
Date Received	Balance Due



## **Junior Missions Camp**

- Bible and Pen
- Utility Uniform – Washed, Pressed, and Starched
  - Utility shirt
  - Blue Jeans
  - White under shirt
  
- Field shoes
- Work shoes
- Work Shirts
- Blue Jeans or pants for work
- Shorts
- Swimming Shorts
- Blue Jeans for day uniform (no holes and must fit)
- Underwear
- Socks
  
- Poncho
- Watch
- Pocket Knife
  
- Vitamins
- Towel/wash cloth/soap/shampoo/toothbrush/tooth paste/ and so on...
- Dirty clothes laundry bag
  
- Fitted Single Sheet
- Flat Single Sheet
- Pillow
- Blankets
  
- Or
  
- Sleeping bag & Pillow

**Absolutely No Electronics!!!**

# Individual Medical Form

Name \_\_\_\_\_ Notify in an emergency :

Address \_\_\_\_\_ Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Ranger Outpost # \_\_\_\_\_ Emergency Phone ( ) \_\_\_\_\_

Church \_\_\_\_\_ Section # \_\_\_\_\_ Relationship \_\_\_\_\_

<b>HEALTH HISTORY</b>	To be completed by the applicant and/or the physician. Answer YES or NO to the following and briefly explain all yes answers under "REMARKS".		
Sinus Condition		Shortness of Breath	
Ear Problem		Skin Infection	
Lung Problem		Hearing Difficulty	
High Blood Pressure		Bad Eyesight	
Allergy - Asthma		Do you wear contacts	
Fainting or Dizzy Spells		Any Medical Care	
Allergy - Horse Serum		Within the Past Year	
		Any Surgery Within Past Year	
		Exposed to Infections	
		A) Disease Past Three Weeks	
		B) Hepatitis Past Six Months	
		Any disorder preventing strenuous activities	
		Taking Prescription Medicine	
		Any Reaction to Drugs or Medication of Any Type	

REMARKS AND MEDICAL FACTS WE SHOULD KNOW IN CASE OF EMERGENCY:

Date of last Tetanus booster \_\_\_\_\_

In the event hospitalization is needed, please fill in :

Name of insured \_\_\_\_\_

Medical / Hospital insurance company : \_\_\_\_\_

Policy or certificate number : \_\_\_\_\_

Employer \_\_\_\_\_

In case of an emergency, I hereby give permission to the physician at hand to render treatment. Should the physician deem it necessary, I authorize hospitalization, anesthesia, surgery, or injection of medication.

Signature ( Parent, if minor) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Date \_\_\_\_\_ Seal :