



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 9th 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 _____

HEALTH HISTORY	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		Exposed to Infections
Ear Problem	Skin Infection		A) Disease Past Three Weeks
Lung Problem	Hearing Difficulty		B) Hepatitis Past Six Months
High Blood Pressure	Bad Eyesight		Any disorder preventing strenuous activities
Allergy - Asthma	Do you wear contacts		
Fainting or Dizzy Spells	Any Medical Care		Taking Prescription Medicine
Allergy - Horse Serum	Within the Past Year		Any Reaction to Drugs or Medication of Any Type
	Any Surgery Within Past Year		

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 :