2024

Missions Action Camp Application

Camp Dates: Aug. 01-04, 2024

Total Camp Fee: $110.00

"THIS IS EMERGENCY & CONTACT INFORMATION PLEASE **PRINT CLEARLY**"

Applicant Name:		Date of Birth:	- -
Address:			
City, State, Zip:			
Parents Phone:	( ) - [ ] HOME [ ] MOBILE [ ] WORK	( ) - [ ] HOME [ ] MOBILE [ ] WORK	
Emergency Contact & Relationship:		Contact Phone:	( ) -
Family Contact Email:	@		
Church (Name & City):		Contact Phone:	( ) -
Church Email:	@		
Shirt Size: (Circle One)	Youth Small Youth Medium Youth Large	Adult Small Adult Med Adult Large Adult X-Large Adult 2X-Large	
Parent / Guardian Signature:		Date:	- -
Senior Commander Signature:		Date:	- -
Pastor Signature:		Date:	- -

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, 1121 18TH St. SW, Largo, FL, 33770

4. A $25.00 late fee will be applied to all applications postmarked after the deadline date.
5. For information please call 727-479-4969 or email to: **cwra_registration@floridarangers.com**
6. No faxed applications will be accepted.
7. All applications (including adults) 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 JTC by the starting day of the camp.

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

Postmark Deadline: Jul. 14, 2024

Office Use Only					
Date Received:	- -	Dollar Amount Received:	$	Balance Amount Due:	$

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Missions Action Camp Gear Checklist

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CLOTHING

[ ] 1 pair blue jeans or fatigues for work, 1 nice pair of clean blue jeans
[ ] 2 Royal Ranger T-shirts
[ ] 2 pairs of shorts
[ ] 1 pair boots or shoes for camp activities plus the pair you are wearing (NO open toed shoes).
[ ] 2 pairs of socks for casual wear (i.e. white sports socks) 2 pairs of black / blue socks
[ ] Poncho / Raincoat with hood
[ ] Extra clothing: Socks, Underwear, T-shirts, Handkerchiefs as desired for 4 days & 3 nights.

GEAR PREFERRED

[ ] Backpack or Duffle bag containing all your gear.
[ ] Sleeping bag and or blanket (will be sleeping in side)
[ ] Toiletries: Toilet Paper, Soap, Toothbrush, Toothpaste, Comb / Hair brush, Towel, Washcloth, (shower supplies) etc.
[ ] Watch (or small portable alarm clock)
[ ] Non Aerosol Insect Spray
[ ] Flashlight (extra batteries)
[ ] Folding Pocket knife **(NO SHEATH KNIVES)**
[ ] Small Bible, Pen & Pencil
[ ] Small Personal First Aid kit

** Optional & great to have*

[ ] * Small pkg Facial Tissue
[ ] * Nail clippers with file
[ ] * Sunglasses
[ ] * Sunscreen
[ ] * Pillow
[ ] * Pajamas
[ ] * Camera

OTHER ITEMS TO REMEMBER

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Royal Rangers Medical Release Form

Royal Rangers Medical History/ Release Form - All information on this form is private & 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				Exposedtoinfections:		
Ear Problem				Skin Infection				Disease past 3weeks		
Lung Problem				Hearing Difficulty				Hepatitis past 6mths		
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:____________________________

Pursuant to Section 117.05(13)(a, Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

STATE OF FLORIDA COUNTY OF ___________________

Sworn to (or affirmed) and subscribed before me by means of __ physical presence or__ on line notarization, this___ day of___________ by ___________________

Personally Known_____ or Produced Identification_____

Type of Identification Produced____________________

Signature of Notary

Notary Stamp/Seal