

2018
Missions Action Camp Application
 Camp Dates: Aug. 02-05, 2018

Total Camp
 Fee: \$95.00

"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:	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input checked="" type="checkbox"/> <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult 2X-Large		
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:

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: 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 be in the 7th Grade by the starting day of the camp.

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

Postmark Deadline: Jul. 14, 2018

Office Use Only	
Date Received:	
Balance Due:	

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Missions Action Camp Equipment Checklist

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CLOTHING

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

GEAR (* = optional)

- 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

OTHER ITEMS TO REMEMBER

- * Ditty bags for small items
- * Small pkg Facial Tissue
- * Nail clippers with file
- * Sunglasses
- * Sunscreen
- * Pillow
- * Pajamas
- * Camera

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):
	<input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner
	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
	<input type="checkbox"/> 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