

# Academy Camps Registration Form

## Monday July 29, 2024 – Thursday August 1, 2024

### Camp Cedaredge, 19986 CO Hwy 65, Cedaredge, CO. 81413

Camp JTC or AJTC	Must be <u>Postmarked</u> or E-mailed by:	Cost
Chartered Outpost Rate:	Friday, July 12, 2024	\$187.00
Non-Chartered Outpost Rate:		\$220.00

PAYMENT IS DUE DURING THE ON-SITE REGISTRATION ON JULY 29, 2024

The District Royal Rangers have ½ and full scholarships available for these camps, contact Pastor Dave Banister for more information regarding these scholarships. [dabanister@gmail.com](mailto:dabanister@gmail.com)

Check-in for camp will begin at **4:00 P.M. Sharp on Monday July 29, 2024.** Closing ceremonies will begin at approximately 10:00 A.M. on Thursday, August 1, 2024. Camp information packets will be available via the district web-site only ([www.rmdrr.org](http://www.rmdrr.org)). You will receive an email confirming your registration.

#### **Check the camp that you will be attending.**

- ☐ **JTC** – You must be at least entering the 7<sup>th</sup> grade and completed the Green Camping Merit.
- ☐ **AJTC** – You must be at least entering the 8<sup>th</sup> grade and a graduate of JTC.

#### **PLEASE PRINT NEATLY AND COMPLETE THE FOLLOWING INFORMATION.**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Church \_\_\_\_\_  
E-mail \_\_\_\_\_ Section \_\_\_\_\_  
Outpost # \_\_\_\_\_ Grade Entering in Fall 2024 \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

#### **YOUR SENIOR COMMANDER MUST COMPLETE AND SIGN THE FOLLOWING:**

The above-listed applicant meets **all** the requirements necessary to attend the above registered camp. These requirements are necessary to ensure the most effective training experience.

Sr. Commander \_\_\_\_\_ Phone # \_\_\_\_\_ OP# \_\_\_\_\_ Date \_\_\_\_\_  
Signature

#### **Mail or E-Mail Completed Registration Forms to:**

Pastor Dave Banister  
585 25 ½ Road, TRLR#124  
Grand Junction, Colorado 81505

**dabanister@gmail.com**

Make checks payable to: **Rocky Mountain District Council or RMDC**

(Direct any questions to Pastor Dave Banister - call 970-296-4291 or email [dabanister@gmail.com](mailto:dabanister@gmail.com))

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The following information is necessary and must be completed in order for your son to attend the Junior Leadership Training Academy. Print neatly and check each blank line to ensure it is completed with proper information. Signatures are required in the appropriate places.

## PARENT PERMISSION FORM

I hereby authorize \_\_\_\_\_ to attend the Royal Rangers Junior Leadership Training Academy. I understand the arrangements and feel that adequate precautions for the safety of my son have been taken. I will not hold the local church or its leaders, or the Sectional Staff, or the District Staff, or the Rocky Mountain District Council of the Assemblies of God, responsible for any accidents. I understand that there will be trained First Aid personnel on duty at all times.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian printed name: \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

This form must be signed by parent or guardian, and must be sent in with the registration for the Academy. The purpose of this form is to make it possible for parents or guardians to authorize emergency treatment for MINOR Royal Rangers who may become ill or injured. Every effort will be made to contact the parents or guardians before any medical treatment is administered when possible.

I, \_\_\_\_\_ (parent or guardian) of \_\_\_\_\_  
(name of son), A MINOR, WHO IS ATTENDING A ROYAL RANGER EVENT, DO HEREBY GIVE MY CONSENT,  
TO THE ADMINISTRATION OF ANY TREATMENT THAT IS DEEMED NECESSARY BY LICENSED  
PHYSICIANS, DENTISTS OR EMERGENCY PERSONNEL AS WELL AS ANY MINOR FIRST AID THAT MAY  
BE ADMINISTERED BY A TRAINED MEMBER OF THE CAMP STAFF.

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone ( \_\_\_\_ ) \_\_\_\_\_

**YOUR SON'S MEDICAL HISTORY: Describe any health concerns such as food/medication allergies, Physical impairments, etc.**

Date of last **TETANUS Shot**: \_\_\_\_\_

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SPECIFY ANY MEDICATIONS THAT MUST BE ADMINISTERED WHILE AT CAMP: NO OVER THE COUNTER OR PRESCRIPTION MEDICATION MAY BE STORED IN A BOY'S TENT AND MUST BE SECURED BY THE CAMP HEALTH AND SAFETY OFFICER.

ANY ADDITIONAL INSTRUCTIONS?