

Junior Academy Registration Form

Stage 1 date and location will be set to accommodate students.

Stage 2 dates: July 29, 2024 – August 1, 2024

Camp Cedaredge, Colorado

Junior Academy	Must be <u>Postmarked</u> or E-mailed by:	Cost
Chartered Outpost Rate:	June 14, 2024	\$153.00
Non-Chartered Outpost Rate:		\$180.00

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

Check-in for camp will begin at **1:00 P.M. Sharp on Monday, July 29, 2024**. Closing ceremonies will begin at approximately 10:00 A.M. on Thursday, August 1, 2024. Lunch will be provided by the camp at approximately 11:30 AM at a local area restaurant to be determined. Camp information packets will be available via the district website only (www.rmdrr.org). You will receive an email confirming your registration. This camp is LIMITED to four (4) students on a first come first serve basis.

The following prerequisites are required to participate in this camp!

JTC, AJTC, JA-Stage 1 Training, and at least 3 Action Camps

Completed JTC – list year completed: _____

Completed AJTC – list year completed: _____

Completed Action Camp _____ – list year completed: _____

Completed Action Camp _____ – list year completed: _____

Completed Action Camp _____ – list year completed: _____

Completed Action Camp _____ – list year completed: _____

Completed Action Camp _____ – list year completed: _____

PLEASE PRINT NEATLY AND COMPLETE THE FOLLOWING INFORMATION.

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Church _____

E-mail _____ Section _____

Outpost # _____ Age on August 1, 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

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)

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The following information is necessary and must be completed in order for your son to attend Junior 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 Action Camp. 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?