

2021 West Florida Royal Rangers

16-19 June, Vernon, FL

Backpack Action Camp is for those who are ready for a challenge. Must be physically & mentally fit. For age 13+, must provide own equipment. Camp cost is \$50 w/o food or \$90 w/food.



Ranger Training Camp
For 5th thru 6th Graders
Camp cost is \$85





Junior Training Camp for 7th
Graders and up. Rangers must
complete this camp before taking
AJTC. Camp cost is \$85.

There is a 15% discount for chartered outposts. All funds are due by June 16. Make all checks payable to West Florida Royal Rangers. For more information contact Ray Thompson (850) 819-7589 or rangerray65@gmail.com or Jay Grace (850)557-5649 or hikingboots57@gmail.com.

Please Print:

In Case of Emergency, Please Notify:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Email Address: _____

Home Phone: (____) _____ - _____

Church: _____

Work Phone: (____) _____ - _____

City: _____ State: _____

Cell Phone: (____) _____ - _____

Outpost Number: _____ Section: _____

Email Address: _____

Advancement Rating: _____

Relationship: _____

DOB: ____/____/____

PARENTAL AUTHORIZATION

I understand that there is a certain degree of risk and possible injury by reason of the activities at this camp. In the event that I cannot be reached in an emergency, I hereby give permission to emergency personnel, the physician and hospital, chosen by the camp staff, to administer proper treatment for my child in case of illness or emergency. I also give my permission for any pictures taken of my son to be used for promotional efforts for the JTA.

(Signature of Parent of Guardian)

_____/_____/_____
(Date)

STUDENT HEALTH INFORMATION.

Does the Camper Have a history of: Check all that apply!

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Headaches | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Liver Disorder | <input type="checkbox"/> Sleepwalking | |
| <input type="checkbox"/> Bone/Muscle/Joint Disorder | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Ear Infection | |
| <input type="checkbox"/> Kidney/Bowel Disorder | | | |

***Attach separate sheet for explanation of any checked boxes if needed.**

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Student is free from contagious health problems: ___YES ___NO

Date of last Tetanus Booster: _____

Please list any removable appliances/devices/splints, etc: _____

While at the Student Ministries event, will the student be taking any medications?

___Yes ___No If yes, please list all medications he will be bringing to camp.

All medications must be in prescribed and or purchased packaging:

List all Allergies:

Type of reaction experienced and treatment required:

List any other health related problems, including medical care within the past six (6) months:

Please list any special dietary instructions: _____

My child should not be permitted to participate in any of the following activities: _____

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PLEASE PROVIDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

Emergency Consent: I/We, _____, being the parent(s)/ legal guardian(s) of the applicant, hereby acknowledge that the information given on this application is accurate and true. I/We, also acknowledge that participation in all Student Ministries-related activities necessarily involves risk of physical injury. I attest my child is physically capable to participate in this Student Ministries event. I/We, also, give my/our consent for the director or properly appointed staff member of the West Florida Ministry Network Assemblies of God to act as my Agent, to secure the administration of medical, surgical, or dental examination and/or treatment or medication for the child listed at the top of this form.

Parent/Guardian Initials: _____ Emergency Contact# _____

Waiver of Liability, Disclaimer, and Permission: I, the parent or guardian of the above named individual, acknowledge that the Student Ministries program of the West Florida Ministry Network are primarily administered by adults, who volunteer their time.

Parent/Guardian Initials _____

I/We have read all the rules and the disciplinary policy pertaining to this program and agree to abide by them. We understand that lack of cooperation will result in being dismissed from this program without refund. I understand that if my student misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her when called. In addition, I will pay for any damage that is done to the property or to personal property belonging to another individual. I give permission to the director and/or assistant director to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents.

Parent/Guardian Initials: _____

Students are permitted to bring cell phones at the discretion of their parent/guardians. However, they must be secured and only use them with their leader's permission. The program is not responsible for lost or damaged phones brought to the event. West Florida Ministry Network Assemblies of God, shall be immune from civil liability for inappropriate usage of said phone. We ask they follow our guidelines, including but not limited to, no watching of inappropriate mature content, inappropriate texting/bullying, and inappropriate photo's being taken.

Parent/Guardian Initials: _____

I give permission for free use of any videotape, photographs, audio recordings, or any other visual or audio reproduction in which my child may appear by the West Florida Ministry Network Assemblies of God to be used to illustrate, promote and advertise the West Florida Ministry Network Assemblies of God.

Parent initials _____

I've read, understand and agree to abide all enclosed documents, rules and guidelines presented in this application.

Parent/Guardian's Signature _____ Date _____ (Required)