



PennDel Network Royal Rangers Junior Leadership Development Academy 2021 Junior Academy Application

Where: Camp Berry Honey Grove, PA
When: August 2 - 7, 2021
Check-in: 9:30 AM August 2nd
Graduation: 11 AM August 7th
Who: Royal Ranger Boys Grades 10 - 12

Registration:
\$170 if postmarked by June 15, 2021
\$194 if postmarked after June 15 and by June 30, 2021
\$218 if postmarked after June 30, 2021

Chartered Outpost Discount:
15% (Multiply the above by 0.85 and round to nearest dollar) **Outpost #?** _____

Deposit:
\$ 80 **Deposit required with Application**

Checks Made payable to: PDJLDA Royal Rangers.
Send check with this application, permission slip, Medical form, and Group Leader's recommendation
To: Christopher Vincent
361 Byers Rd
Chester Springs, PA 19425



Junior Academy

Requirements: (boys)

1. Must not be older than 18 years at time of camp and active in the outpost.
2. Must have completed 9th grade by 8/2/2021
3. Must have Graduated:
 - a. JTC
 - i. Year _____
 - ii. Location _____
 - b. AJTC
 - i. Year _____
 - ii. Location _____
 - c. One (1) Action Camp
 - i. Year _____
 - ii. Location _____

If the JTC, AJTC, or Action Camp was not held in the PennDel Network, then the Graduation/Completion Certificate from the other Network must be attached.

Requirements: (men)

1. Be a Royal Ranger Leader in good standing
2. Complete Ready & Safety adult training levels
3. Have current state child workers clearances

T-shirt information: Check one (ADULT SIZES ONLY)

S M L XL 2XL 3XL

Last Name

First Name Middle Initial (or First Initial Middle Name)

Suffix

Date of Birth

Age

Last Grade Completed

Boy's Email Address

Mailing Address

City

State

Zip

(_____) - _____
(Area Code) - Home Phone Number

(_____) - _____
(Area Code) - Cell Phone Number

(_____) - _____
(Whose)

Parent's Email Address

(_____) - _____
(Whose)

Mother's or Guardian's Name

Father's or Guardian's Name

Same Address Yes No

Same Address Yes No

Questions: Contact PDJLDA Coordinator Chris Vincent (413) 329-0647 dcvincent1960@gmail.com



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MEDICAL INFORMATION

Last Name _____ First Name & MI (or FI Middle Name) _____ Suffix _____ Birthdate _____

REQUIRED INFORMATION:

General Information: The PennDel Network Royal Rangers office has the prerogative to accept or reject any person based upon the Royal Ranger's health history.

Please check Yes or No in responding to the below information:

	Yes	No		Yes	No		Yes	No
Sinus Condition			Shortness of breath			High Blood Pressure		
Ear Problem			Skin Infection			Allergy – Asthma		
Lung Problem			Hearing Difficulty			Heart Trouble		
Poor Eyesight			Diabetes			Appendix removed		
Taking prescription medicine			Wear Contact Lenses			Fainting or dizzy spells		
Any reaction to drugs or medicine of any type			Any medical care in past year			Any surgery within past year		
Any disorder preventing strenuous activity			Exposed to infectious disease in past 3 weeks			Hepatitis in past 6 months		
Special diet required			Food Allergies					

Any item above checked Yes please explain below;

Food or Drug Allergies: _____

Current Medications and dosages: _____

Physical Limitations or Medical Facts We Should Know: _____

Other Remarks: _____

Give latest date of inoculation or vaccination against the following: (month/day/year)

Tetanus ___/___/___ Small Pox ___/___/___ Measles ___/___/___ COVID-19 ___/___/___

Typhoid ___/___/___ Diphtheria ___/___/___ Polio ___/___/___

Parent or Guardian: In your opinion, _____

Is the applicant physically able to attend the PennDel Network Royal Rangers, JLDA? Yes No

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend the 2021 PennDel Network Royal Rangers Junior Leadership Development Academy, **August 2 - 7, 2021**. The parent's or legal guardian's signature below indicates permission to administer medical attention to the minor in the event of a medical emergency.

Signature of Parent or guardian

Date of Signature

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____



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GROUP LEADER'S RECOMMENDATION FOR ATTENDANCE

BOY APPLICANT ONLY

Outpost #

Section

Network/District

Church Name

Pastor's Name

Church Mailing Address

(_____-_____
(Area Code)-Church Phone Number

Church City

State

Zip

Church Insurance Company Covering men and boys

Policy #

Evaluation: (within **last two years**)

Leadership positions held in the outpost; (Patrol Leader, Quartermaster etc.) _____

Merits/classes he has helped to teach: _____

Examples of Community and church leadership he has done: _____

I recommend _____ to participate in the **Junior Academy** of the
Junior Leadership Development Academy.

Recommending Commander's Signature _____

Commander's Name

(_____-_____
(Area Code)- Commander's Phone Number

Commander's Address

State

Zip

Commander's Email



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PERMISSION SLIP
2021 JUNIOR ACADEMY, AUGUST 2 -7
CAMP BERRY HONEY GROVE, PA

I do hereby authorize _____ to attend Junior Leadership Development Academy at the PennDel Network Royal Rangers Camp Berry, Honey Grove, Pennsylvania, and I also give permission for my child to participate in all planned activities at the same. I understand the arrangements and feel that adequate precautions are planned to ensure the safety of those involved.

While striving to ensure a safe and closely supervised environment, the Junior Leadership Development Academy and its staff, the PennDel Ministry Network Royal Rangers, and the PennDel Ministry Network Council of the Assemblies of God cannot be held responsible for any unforeseeable accident or injury which may occur during the course of the activity.

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I give my permission to hospitalize and/or secure the services of a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this form and the required Medical Record form. I understand that the Junior Leadership Development Academy and its staff, the PennDel Ministry Network Royal Rangers, and the PennDel Ministry Network Council of the Assemblies of God, will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent or guardian.

Emergency Contacts:

1st Contact: Name _____ Relationship _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

2nd Contact: Name _____ Relationship _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

My Signature certifies that I agree to the above and that the information I provided on this page, the Application, and the Medical Form are accurate and complete to the best of my knowledge and I give my permission for my son or ward to attend the camp.

Signed _____ Date _____



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CHILD WORKERS CLEARANCE AFFIDAVIT ADULT APPLICANT ONLY

Applicant: _____
Last Name First Name & MI (or FI & Middle Name) Suffix

Pastor:

I am personally acquainted with this leader, listed above, and in my opinion he is a competent and qualified Youth Worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Ranger Activity. The Church has on file a state approved, current, Child/Youth Worker Screening Form or equivalent for the above listed leader.

Signed _____ Date _____
Pastor's Signature

Applicant:

I have never been arrested, sued, or made a settlement concerning any charges or accusations of child abuse, sexual actions, or deviant actions toward a minor, nor do I have any charges or accusations pending. Furthermore I have never committed any actions of these or similar natures to a minor. My state required Child/Youth Worker Screening is complete and current.¹

Signed _____ Date _____
Adult Applicant Signature

¹ It is understood that the PennDel Ministry Network, the PennDel Royal Rangers and its agents may request and receive copies of your clearances at any time from your church. These may be required BEFORE you serve on staff or attend a PennDel Royal Rangers camp.