



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

**Where:** Camp Berry Honey Grove, PA  
**When:** August 4-7, 2021  
 Check-in: 9:30 AM August 4<sup>th</sup>  
 Graduation: 11 AM August 7<sup>th</sup>  
**Who:** Royal Ranger Boys Grades 4 - 12

**Registration:**  
 \$170 if postmarked by June 15, 2021  
 \$194 if postmarked after June 15 and by June 30, 2020  
 \$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



**Ranger Training Camp**

**Requirements:**

1. Must have completed the 4<sup>th</sup> grade by June 30, 2021
2. Must be a Discovery Ranger.
3. Must NOT have entered the 7<sup>th</sup> grade by September 1, 2021



**Junior Training Camp**

**Requirements:**

1. Must not have reached the age of 18 before the end of camp.
2. Must have completed 6<sup>th</sup> grade by June 30, 2021
3. Must have completed one Leadership Merit \_\_\_\_\_  
NUMBER



**Advanced Junior Training Camp**

**Requirements:**

1. Must not have reached the age of 18 before the camp ends
2. Must have completed 7<sup>th</sup> grade by June 30, 2021
3. Must have completed Junior Training Camp \_\_\_\_\_  
DATE LOCATION IF NOT PENNDEL

T-shirt Information; Check one

Youth L  S  M  L  XL  2XL  3XL

\_\_\_\_\_  
 Last Name First Name MI 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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**PERMISSION SLIP**  
**2021 JLDA, AUGUST 4-7**  
**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:

1<sup>st</sup> Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

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

2<sup>nd</sup> 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 \_\_\_\_\_