**Limited to 20 Deposit Paid Applicants**

**Backpacking Action Camp**

***General Requirements:***

1. Must be Adventure Ranger who is a graduate of AJTC, an Expedition Ranger (graduate of 8th grade or higher), or a male Royal Ranger leader.
2. All Applicants must complete the Penn-Del Royal Rangers JLDA Health History Form.
3. All boys (younger than 18 years as of October 29, 2021) must complete the Boy’s Permission Form with signature of your parent/guardian.
4. All Adults (18 years or older as of October 31, 2021) must complete the appropriate Adult Clearance Form with Pastor’s signature.
5. Backpacking is a strenuous activity. By applying and attending this action camp, you acknowledge the risks associated with and certify that you are fit and able to participate in backpacking.

A close up of a sign

Description generated with high confidence

**Where:** Tuscarora Trail

Base Camp: Camp Berry

Honey Grove, PA

**When:** October 29-31, 2021

Check-in: 5:30 PM October 29th

Graduation: 3 PM October 31st

**Who:** Adventure Rangers

Expedition Rangers

Ranger Leaders

**Registration:**

$120 i**f postmarked by October 1, 2021**

$140 if postmarked before October 8th

***No Late Applications will be accepted***

**Chartered Outpost Discount:**

$100 i**f postmarked by October 1, 2021**

$120 if postmarked before October 8th

**Outpost #? \_\_\_\_\_\_**

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

S  M  L  XL  2XL  3XL 

Consider it may be worn over another shirt!

**Deposit:**

$50 **Deposit required with Application**

**Checks Made payable to: PDJLDA Royal Rangers.**

Send check with this application, permission slip, Medical form, Recommendation, and/or Adult Clearance

To: Christopher Vincent

361 Byers Rd

Chester Springs, PA 19425

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_

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 **(Please write clearly)**  (Whose)

**Medical Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name MI Suffix Birthdate

REQUIRED INFORMATION:

**General Information:** The Penn-Del District 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 \_\_\_/\_\_\_/\_\_\_\_\_

Typhoid \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Diphtheria \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Polio \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Parent or Guardian:** In your opinion,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the applicant, is physically able to participate in the PennDel Ministry Network Royal Rangers Action Camp? Yes No

**Parent/Legal Guardian Consent:** The signature of a parent or legal guardian is required for a minor to attend the 2021 PennDel Ministry Network Royal Rangers Backpacking Action Camp, **October 29 – 31, 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 (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Leader's Recommendation for Attendance (for boys)**

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outpost # Section District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name Pastor's Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Mailing Address (Area Code)-Church Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church City State Zip

I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the **Backpacking Action Camp** of the Junior Leadership Development Academy. I attest that he meets all of the requirements to attend this camp.

Recommending Group Leader’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Leader’s Name (Area Code)- Group Leader’s Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Leader's Address State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Leader's Email

**Permission Slip**

**2021 Backpacking Action Camp**

**Tuscarora Trail, Base Camp Camp Berry Honey Grove, PA**

I do hereby authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend Backpacking Action Camp, Tuscarora Trail with the Camp Base at Camp Berry Honey Grove, PA, 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 Pennsylvania Delaware District Royal Rangers, and the Pennsylvania Delaware District 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, the Backpacking Action Camp staff, the Pennsylvania Delaware District Royal Rangers, and the Pennsylvania Delaware District 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult Clearance Information**

In keeping with the policies of the PennDel Ministry Network and the PennDel Ministry Network Royal Rangers and the Commonwealth of Pennsylvania’s laws, **ALL** Adult leaders (Those who 18 years of age or older as of October 31, 2021) **MUST** submit the appropriate clearance form as follows:

If you have previously submitted the full clearance questionnaire and clearance information to the PennDel Ministry Network Royal Rangers AND your clearances are STILL CURRENT, you may submit the EVENT clearance form with this application.

If you do not have CURRENT clearances on file with the PennDel Ministry Network Royal Rangers (NOT your church), you MUST complete the full clearance questionnaire and provide a copy of your state clearances.

All clearances will be verified BEFORE your attendance can be allowed. Thank you for helping us adhere to state laws and network policies.