



PennDel Network Royal Rangers Junior Leadership Development Academy 2022 Junior Academy Application

Where: Camp Berry Honey Grove, PA
When: August 1 - 6, 2022
 Check-in: 9:30 AM August 1st
 Graduation: 11 AM August 6th
Who: Royal Ranger Boys Grades 10 - 12

Registration:
 \$ 183 if postmarked by June 15, 2022
 \$ 207 if postmarked after June 15, 2022

Chartered Outpost Discount: **Outpost #** _____
 \$ 155 Early Registration
 \$ 175 Standard Registration

Deposit:
 \$ 110 **Non-Refundable Deposit**
 (Required with Application)

**NO REFUNDS for non-attendance or after 7/15/22
 EXCEPT for cancellation of camp**

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 8/1/2022
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 <input type="checkbox"/> No <input type="checkbox"/>		Same Address Yes <input type="checkbox"/> No <input type="checkbox"/>		

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 2022 PennDel Network Royal Rangers Junior Leadership Development Academy, **August 1 - 6, 2022**. 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
2022 JUNIOR ACADEMY, AUGUST 1 - 6
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**

Please follow instructions CAREFULLY!

If you are currently 18 or more years of age **or will turn 18 at any time during the event**, please complete the following form (Available from the district website, Christopher Vincent, or other district staff members):

If you have completed and submitted the Full Clearance Form requested for Pow Wow:

Complete and submit the one-page activity clearance form.

If you have not completed and submitted the full clearance form for Pow Wow or since:

Please complete and submit the full clearance form and other required documentation.