



Penn-Del Royal Rangers Junior Leadership Development Academy 2022 Aviation Action Camp Application

LIMITED TO 20 DEPOSIT PAID APPLICANTS

Where: **Crossroads Community Church**

1425 S Market St
Mechanicsburg, PA 17055

When: August 25 – 28, 2022

Check-in: 5:30 PM August 25th
Graduation: 3 PM August 28th

Who: Adventure Rangers ➔
Expedition Rangers
Ranger Leaders

Registration: (NO REFUNDS after 8/20/22 except for camp cancellation)

\$153 **if postmarked by July 12, 2022**
\$175 if postmarked before August 8th

No Late Applications will be accepted

Chartered Outpost Discount:

\$130 **if postmarked by July 12, 2022**
\$150 if postmarked before August 8th

Deposit: (Non-Refundable)

\$85 **Required with application**



Aviation 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 August 26, 2022) must complete the Boy's Permission Form with signature of your parent/guardian.
4. All Adults (18 years or older as of August 28, 2022) must submit the Pastoral Staff Recommendation form.
5. Further permissions may be necessary as befitting the activities included with this camp.

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

S M L XL 2XL 3XL

Checks Made payable to: PDJLDA Royal Rangers.

Send check with this application, permission slip, Medical form, & for adults - Pastoral Recommendation form

To: Christopher Vincent
361 Byers Rd
Chester Springs, PA 19425

Last Name	First Name	MI	Suffix
Date of Birth	Age	Last Grade Completed	
Mailing Address		Boy's Email Address	
City	State	Zip	Outpost No.
(____)-_____	(____)-_____	(_____)_____	
(Area Code)- Home Phone Number	(Area Code)- Cell Phone Number	(Whose)	
Parent's Email Address (Please write clearly)		(_____)_____	
		(Whose)	

Questions? Contact: Steve Steffel Phone (302)379-1580 Email ssteffel@verizon.net



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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 2022 PennDel Ministry Network Royal Rangers Aviation Action Camp, **August 25-28, 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 (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 **Aviation 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



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PERMISSION SLIP

2022 AVIATION ACTION CAMP

CROSSROADS COMMUNITY CHURCH, 1425 S. MARKET STREET, MECHANICSBURG, PA 17055

I do hereby authorize _____ to attend Aviation Action Camp, at Crossroads Community Church, visiting Carlisle and Harrisburg airports, 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 Aviation 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 _____



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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 August 28, 2022) **MUST** submit the **Pastoral Staff Recommendation form** which requires the church have current Pennsylvania clearance forms on file.