



PennDel Network Royal Rangers Junior Leadership Development Academy 2022 Camp Application

Where: Camp Berry Honey Grove, PA
When: August 3-6, 2022
Check-in: 9:30 AM August 3th
Graduation: 11 AM August 6th
Who: Royal Ranger Boys Grades 4 - 12

Registration:
\$ 177 if postmarked by June 15, 2022
\$ 200 if postmarked after June 15, 2022

Chartered Outpost Discount: Outpost #? _____
\$ 150 **Early Registration**
\$ 170 **Standard Registration**

Deposit:
\$ 100 **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



Ranger Training Camp

Requirements:

1. Must have completed the 5th grade by June 30, 2022
2. Must be a Discovery Ranger.
3. Must NOT have entered the 7th grade by September 1, 2022



Junior Training Camp

Requirements:

1. Must not have reached the age of 18 before the end of camp.
2. Must have completed 6th grade by June 30, 2022
3. Must have completed one Leadership Merit _____



Advanced Junior Training Camp

Requirements:

1. Must not have reached the age of 18 before the camp ends
2. Must have completed 7th grade by June 30, 2022
3. Must have completed Junior Training Camp _____

NUMBER

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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MEDICAL INFORMATION

 Last Name _____ First Name _____ MI _____ 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 3-6, 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

Outpost #	Section	Network/District
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Church Name	Pastor's Name
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Church Mailing Address	(____)-_____ (Area Code)-Church Phone Number
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Church City	State	Zip
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Church Insurance Company Covering Boys and Men	Policy #
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Evaluation: (within the last **2 years for JTC** or **since taking JTC for AJTC**)
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 **Ranger Training Camp/Junior Training Camp/Advanced Junior Training Camp (Circle One)** of the Junior Leadership Development Academy.

Recommending Commander's Signature _____

Commander's Name	(____)-_____ (Area Code)- Commander's Phone Number
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Commander's Address	State	Zip
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Commander's Email



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PERMISSION SLIP
2022 JLDA, AUGUST 3-6
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 _____