



# PennDel Network Royal Rangers Junior Leadership Development Academy 2023 Junior Academy Application

**Where:** Camp Berry Honey Grove, PA  
**When:** July 31 – August 5, 2023  
 Check-in: 9:30 AM July 31<sup>st</sup>  
 Graduation: 11 AM August 5th  
**Who:** Royal Ranger Boys Grades 10 - 12  
**Registration:**  
 \$ 190 if postmarked by June 15, 2023  
 \$ 210 if postmarked after June 15, 2023  
**Deposit:**  
 \$ 125 Required with Application

**NO REFUNDS for non-attendance or after 7/15/23  
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 9<sup>th</sup> grade by 8/1/2023
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

\_\_\_\_\_  
Outpost #

\_\_\_\_\_  
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 (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 2023 PennDel Network Royal Rangers Junior Leadership Development Academy, **July 31 – August 5, 2023.**

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**  
**2023 JUNIOR ACADEMY, JULY 31 – AUGUST 5**  
**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 \_\_\_\_\_



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**PASTORAL RECOMMENDATION  
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 please complete and return the Pastoral Recommendation Form found on our website:

<https://pdrangers.org/forms/>