









# PennDel Network Royal Rangers Junior Leadership Development Academy 2023 Canoe Action Camp Application

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**PERMISSION SLIP**  
**2023 CANOE ACTION CAMP**  
**FRENCH CREEK STATE PARK**  
**HOPEWELL FURNACE**  
**GRACE AG**  
**AND THE SCHUYLKILL RIVER**

I do hereby authorize \_\_\_\_\_ to attend the Canoe Action Camp, French Creek State Park, Hopewell Furnace, Grace Assembly of God Spring City, PA and the Schuylkill River, 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, the Canoe Action Camp 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 \_\_\_\_\_

**Questions?** Contact: Christopher Vincent Phone (413) 329-0647 Email [dcvincent1960@gmail.com](mailto:dcvincent1960@gmail.com)



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**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 and return the Pastoral Recommendation Form found on our website:

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