



# Kentucky District Junior Leadership Training Academy

Rotary Ranger Reservation  
Glasgow Kentucky

FOR OFFICE USE

POSTMARKED:  
PAID:  
BALANCE DUE:

Please Fill Out The Form Below

PLEASE PRINT

NAME (Boy) \_\_\_\_\_ GRADE/AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE ( \_\_\_\_ ) \_\_\_\_\_ CELL PHONE ( \_\_\_\_ ) \_\_\_\_\_

OUTPOST # \_\_\_\_\_ CHURCH \_\_\_\_\_

Commander \_\_\_\_\_ Contact information \_\_\_\_\_

**REGISTRATION**

<u>LOCATION</u>	<u>DATE/TIME CHECK</u> <u>WEBSITE</u>	<u>COST</u>	<u>REGISTRATION</u> <u>DEADLINE</u>
**Rotary Scout Reservation Glasgow, KY	http://www.kyrooyalrangers.org July 30-Aug 1, 2010		<b>14 days prior to camp</b> Pre-registration Date: <b>July 16</b>

Non-Chartered Outpost - \$ 150.00 – Pre-registration - \$ 130.00  
Chartered Outpost - \$ 127.50 – Pre-registration - \$ 107.50



We will be enjoying the Green River which flows through Mammoth Cave National Park while experiencing the natural beauty of God's creation. Come prepared!

(Location may change to the Houchin Ferry Campground at Mammoth Cave.  
<http://www.nps.gov/macaplanyourvisit/houchinsferry.htm> )

T-SHIRT INFORMATION: (ADULT SIZES ONLY) Circle one:													M	L	XL	XXL								
Hat sizes are millimeters: Circle one:													52	53	54	55	56	57	58	59	60	61	62	63
Here are the conversions to English:													6½	6-5/8	6¾	6-7/8	7	7-1/8	7¼	7-3/8	7½	7-5/8	7¾	7-7/8

Make checks payable to: **Kentucky District Royal Rangers**

Mail form to: **Tommy Lewis, 106 Schlaefter Way, Rineyville, KY. 40162**

Late registration must be coordinator with Cmdr. Tommy @ (270) 300-9529



## HEALTH HISTORY

The parent or guardian should fill out this form. Answer "yes" or "no" to **all of** the following. Briefly explain all "yes" answers under the "REMARKS AND MEDICAL FACTS"

### REMARKS AND MEDICAL FACTS

- |       |     |   |  |
|-------|-----|---|--|
| _____ | 1.  | Sinus condition                                 |  |
| _____ | 2.  | Ear problem (tubes, etc.)                       |  |
| _____ | 3.  | Lung problem                                    |  |
| _____ | 4.  | Heart problem                                   |  |
| _____ | 5.  | Blood pressure problem                          |  |
| _____ | 6.  | Allergy or asthma                               |  |
| _____ | 7.  | Fainting or dizzy spells                        |  |
| _____ | 8.  | Shortness of breath                             |  |
| _____ | 9.  | Skin or staff infection                         |  |
| _____ | 10. | Hearing difficulty                              |  |
| _____ | 11. | Bad eyesight                                    |  |
| _____ | 12. | Wears contact lenses                            |  |
| _____ | 13. | Medical care in past year                       |  |
| _____ | 14. | Surgery within past year                        |  |
| _____ | 15. | Exposure to infections within last three weeks  |  |
| _____ | 16. | Disorder preventing strenuous activity          |  |
| _____ | 17. | Taking prescription medications or drugs        |  |
| _____ | 18. | Any reaction to drugs or medications: list type |  |
| _____ | 19. | Any special diet requirements                   |  |
| _____ | 20. | Any handicaps needing special attention         |  |

### **LAST DATE OF INOCULATION OR VACCINATION AGAINST:**

TETANUS	SMALL POX	MEASLES	TYPHOID	DIPHtherIA	POLIO	T B

List any restrictions from full activities in this event:

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**REMARKS:** \_\_\_\_\_

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