



# Kentucky District Junior Leadership Training Academy

**Rotary Ranger Reservation  
Glasgow Kentucky**

FOR OFFICE USE
POSTMARKED:
PAID:
BALANCE DUE:

Please select the camp you are attending by checking the correct box.  
Check website calendar for dates @ <http://www.kyroyalrangers.org>.






















### DESCRIPTIONS

<b>JA</b>	<b>Junior Academy</b> , Each boy will be taught responsibilities and skills needed to properly run a district junior training camp.
<b>JAC</b>	<b>Junior Aquatic Camp</b> , District camp with focus upon instruction reinforced by activity and leadership roles performed while involved in water related activities.
<b>JCE</b>	<b>Junior Canoe Expedition</b> , District camp with focus upon instruction reinforced by activity and leadership roles performed while on a canoeing adventure.
<b>Elite JLC</b>	<b>Elite Junior Leader Camp</b> , District camp with focus upon instruction reinforced by activity and leadership roles performed in a variety of opportunities.
<b>JMC</b>	<b>Junior Mission Camp</b> , District camp with focus upon instruction reinforced by activity and leadership roles performed through construction and/or witnessing opportunities
<b>JSC</b>	<b>Junior Survival Camp</b> , District camp with focus upon instruction reinforced by activity and leadership roles in the area of living off the land.
<b>Advanced JTC</b>	<b>Advance Junior Training Camp</b> , District camp with focus upon instruction reinforced by activity and leadership roles performed in and for other camps.
<b>JTC</b>	<b>Junior Training Camp</b> , District camp with focus of instruction reinforced by activity.
<b>JTT</b>	<b>Junior Training Trails</b> , District camp with focus upon instruction reinforced by activity and leadership roles performed while involved in backpacking adventure.
<b>JWC</b>	<b>Junior Winter Camp</b> , District camp with focus upon instruction reinforced by activity and leadership roles performed while involved in cold weather camping.

## Please Fill Out The Form Below

**PLEASE PRINT**  
**NAME (Ranger)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

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

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

**E-MAIL** \_\_\_\_\_

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

**SENIOR COMMANDER** \_\_\_\_\_

**COMMANDER'S PHONE** \_\_\_\_\_

**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	<a href="http://www.kyroyalrangers.org">http://www.kyroyalrangers.org</a>	\$150 per boy	30 days prior to <span style="color: red;">\$30 discount if paid</span> <span style="color: red;">60 days prior to deadline</span>

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

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

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Make checks payable to: **Kentucky District Royal Rangers**  
 Mail form to: **Tommy Lewis, 106 Schlaefer Way, Rineyville, KY 40132**  
 Contact Phone # **270-300-9529**

# KENTUCKY ROYAL RANGERS KENTUCKY TRAINING ACADEMY MEDICAL RELEASE FORM

(Please complete one copy for each Ranger attending Basic Training Camp)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_ CHURCH: \_\_\_\_\_

OUTPOST NUMBER: \_\_\_\_\_ COMMANDER: \_\_\_\_\_

AGE: \_\_\_\_\_ PARENT (S) NAME: \_\_\_\_\_

(Check) Leader, \_\_\_ Discovery, \_\_\_ Adventure, \_\_\_ Expedition, \_\_\_

## PARENT RELEASE TO ATTEND ACADEMY

I hereby authorize \_\_\_\_\_ (ranger's name) to accompany the Royal Rangers to the Kentucky Training Academy Camp. I understand the arrangements and feel that adequate precautions for the safety of my child have been made and will continue to be taken. I will not hold the local church, its leaders, the Kentucky District Kentucky Training Academy Camp staff, or the Kentucky District Council of the Assemblies of God responsible for accidents. I understand that my personal insurance will be the primary carrier in case of an emergency needing professional care. The Kentucky District Council of the Assemblies of God will be responsible where individuals may not have coverage. I understand that a First Aid Station will be on the site with a qualified person on duty.

\_\_\_\_\_ Date: \_\_\_\_\_  
Insurance carrier name signature of parent or guardian

## PHYSICIAN'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The purpose of this section is for parents or guardians to authorize emergency treatment for their child in case of illness or injury while in the custody of Rangers attending Kentucky Training Academy. This section **must be completed and signed** to provide for emergency care.

I, \_\_\_\_\_ from \_\_\_\_\_ the  
(Parent or guardian) (Address)  
\_\_\_\_\_ of \_\_\_\_\_, a minor who is attending the Kentucky  
(Parent or legal guardian) (Child's name)

Training Academy, do give consent beforehand, in the event that all reasonable attempts to contact me at

( ) \_\_\_\_\_, or \_\_\_\_\_ at ( ) \_\_\_\_\_ have  
(Phone number) (ALTERNATE consenting adult)

been unsuccessful for the administration of any treatment necessary by a licensed physician or dentist.

\_\_\_\_\_ (parent or guardian) \_\_\_\_\_ (date)

# 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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