

# NCN DISTRICT ROYAL RANGERS BACKPACKING CAMP



**Open to all men and all boys 12 yrs. & up. This would be a great father son camp.  
July 5-8, 2018 / under 12 yrs. must be accompanied by an adult**

Action Camps will replace National Camps for Commanders and combine with JLTA camps  
This camp replaces National Training Trails (NTT) & Junior Training Trails (JTT)

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Outpost # \_\_\_\_\_

Email address \_\_\_\_\_

Church Name \_\_\_\_\_ City \_\_\_\_\_

Cmdr.'s Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Sr. Pastor's signature required if 18 yrs. old:** \_\_\_\_\_

Backpacking Action Camp (BAC) Trainees will spend much of their time on the trail learning and developing backpacking skills in classes such as Trail Camping, Low Impact Camping, Emergency First Aid, Map and Compass, and Rescue Techniques. Patrols will camp and work together. Participants will carry their gear and food in packs and will share in tasks and leadership responsibilities. They will live in tents and cook their meals. They will be given many opportunities to demonstrate what they have learned about living on the trail.

Hat Size \_\_\_\_\_ S-M-L-XL

**Caples Creek Trailhead, Silver Fork Rd, Kyburz, CA 95720**

**Info contact: Cmdr. Bernie Stringer 530-862-1628 bernisstringer@att.net**

**CAMP OPENS: Thur July 5, 11 AM / CAMP CLOSES: Sun July 8 @ 12 PM**

**CAMP FEE: \$185 \* APPLICATION MUST BE POST MARKED BY: 06/07/18**

**Late applications or walk-ins \$225 must contact district office by 06/21/18**

This application **must** be accompanied by the JLTA Medical and Liability Release Form and Camp Fee or Deposit of **no less than \$25** (to be applied toward total camp fee).

Should you need to cancel, you will receive a refund of all monies Paid (Minus A \$25 Administration Fee)

**NOTE:** A personal equipment checklist and driving directions will be e-mailed to you prior to this camp.

Questions: (916) 379-9600 ext. 1138 pmcwilliams@agncn.org (916)-204-9759

Make checks payable to: AGNCN (write Royal Rangers on memo line) mail to:

**Royal Rangers, 6051 S. Watt Avenue, Sacramento, CA 95829-1304 / Fax (916) 503-2918**

# EVENT RELEASE FORM ROYAL RANGERS MINISTRIES JLTA

Event Participant's Name: \_\_\_\_\_

**In case of emergency please notify:**

\_\_\_\_\_  
Last Name (Please Print) First Name

\_\_\_\_\_  
Daytime Phone Number Evening Phone Number

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Health Insurance Company's Name

\_\_\_\_\_  
Policy Number:

\_\_\_\_\_  
Certificate Number:

\_\_\_\_\_  
Date of Coverage:

\_\_\_\_\_  
Health Insurance Company Phone #

**Health History:** To be completed by the applicant (if over age 18) or by a parent/legal guardian if the applicant is a minor (under age 18). Has the applicant experienced any of the following? **Check either "Yes" or "No". If "Yes" explain under "Remarks and medical facts".**

Sinus Condition [ ] Y [ ] N	Fainting or dizzy spells [ ] Y [ ] N	Wear contact lenses [ ] Y [ ] N	Any exposure to infectious:
Ear Problem [ ] Y [ ] N	Diabetes [ ] Y [ ] N	Any medical care	Disease past 3 weeks [ ] Y [ ] N
Lung Problem [ ] Y [ ] N	Appendix removed [ ] Y [ ] N	in past year [ ] Y [ ] N	Hepatitis past 6 months [ ] Y [ ] N
Heart trouble [ ] Y [ ] N	Shortness of breath [ ] Y [ ] N	Any surgery within	Any disorder preventing
High blood pressure [ ] Y [ ] N	Skin infection [ ] Y [ ] N	past year [ ] Y [ ] N	strenuous activity [ ] Y [ ] N
Allergy - Asthma [ ] Y [ ] N	Hearing difficulty [ ] Y [ ] N	Any reaction to drugs	Taking prescription
Special diet required [ ] Y [ ] N	Bad Eyesight [ ] Y [ ] N	or medicines of any type [ ] Y [ ] N	medicine? [ ] Y [ ] N

Food or drug allergies: \_\_\_\_\_

I am currently taking the following medicines: \_\_\_\_\_

Remarks and medical facts: \_\_\_\_\_

Latest date of inoculation/vaccination against:

Tetanus \_\_\_/\_\_\_/\_\_\_ Small pox \_\_\_/\_\_\_/\_\_\_

Measles \_\_\_/\_\_\_/\_\_\_ Typhoid \_\_\_/\_\_\_/\_\_\_

Diphtheria \_\_\_/\_\_\_/\_\_\_ Polio \_\_\_/\_\_\_/\_\_\_

## Required Release Signatures:

**Parent/Legal Guardian Consent:** The signature of a parent or legal guardian is required for a minor (under age 18) to attend this Royal Ranger event. The parent's or legal guardian signature below indicates permission to administer medical attention to the minor in the event of an emergency, permission to the physician selected by the event's commander (or delegate) to hospitalize and secure proper treatment (including surgery). It is understood that the event officials will make a conscientious effort to locate emergency contacts listed on this form. I/we will fully pay for all medical expenses incurred. If any injury occurs at camp, it must be reported. I hereby release the Assemblies of God Northern California and Nevada District Council, Inc. and the Royal Rangers Ministries, their agents, employees, and volunteer assistants from any liability whatsoever arising out of any loss, damage, or injury sustained by my child during the involvement with Royal Rangers.

\_\_\_\_\_  
PRINT COMPLETE NAME OF MINOR PARENT/LEGAL GUARDIAN SIGNATURE DATE

**Adult (18+) Pastor's Certification for Church Worker:** I am personally acquainted with the adult applicant and in my opinion he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Ranger activity. The church has on file the applicant worker's screening form. **Adult leaders are considered 18 years of age or older.**

\_\_\_\_\_  
PASTOR'S SIGNATURE DATE

**Adult Applicant:** My signature acknowledges that I have truthfully abided by the requirements as stated on this application form. My signature verifies I am age 18 or older and I have received my pastor's signature as required. My signature also indicates my permission for emergency medical treatment should the need arise while at this Royal Ranger event. I agree to abide by and cooperate with all policies, commanders, and fellow participants. I agree to abide by the event rules.

\_\_\_\_\_  
EVENT PARTICIPANT ADULT SIGNATURE DATE

**Participant's Signature:** I agree to abide by and cooperate with all policies, commanders, and fellow participants. I agree to abide by the event rules.

\_\_\_\_\_  
EVENT PARTICIPANT MINOR SIGNATURE (UNDER AGE 18) DATE