



2019 Application for NCN DISTRICT JLTA
SURVIVAL ACTION CAMP
Must be at least 12yrs old



Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell (____) _____ Outpost _____

Email address _____

Church _____ City _____

Outpost Commander's Name: _____ phone: (____) _____

Email Address: _____

Outpost Cmdr's Recommendation: _____
 Commander's Signature

Sr. Cmdr's signature required if 18 yrs old: _____

Sr. Pastor's signature required if 18 yrs old: _____

Survival Action Camp (SAC) is designed to give boys & men training and experience in survival camping. The time at SAC will be divided between instruction and application. Boys & men learn skills such as advanced fire craft, primitive beds and shelters, equipment and packing your pack, outdoor cooking, first aid, directions without a map or compass, search and rescue, fire craft, signaling, water purification and solar stills, snares/fishing, edible plants, and more. Teams also will construct and live in survival shelters.

DATE: Wednesday July 17 – Saturday July 20
LOCATION: Lake of the Woods, Tahoe National Forest
REGISTRATION: Wednesday July 17 @ 11:00 A.M.
CAMP CLOSES: Saturday July 20 @ 12:00 P.M.
CAMP FEE: \$185 * APPLICATION MUST BE POST MARKED BY: 6-28-19

Hat Size _____ S – M – L - XL

This application **must** be accompanied by the JLTA Medical Form, JLTA 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 are included in this packet if you need more info contact Cmdr. Bernie Stringer prior to this camp.

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

Royal Rangers Junior Survival Camp, items to bring to camp:

Lock back folding knife. **Do not bring sheath knives.**

Metal match

Waterproof match container and candle

Whistle

Small flashlight with extra batteries. Pocket size, mini mag type or similar

Chapstick

Sunscreen

Insect repellent

Leather gloves

Toilet paper

Space blanket

Small Bible, tablet, pen and pencils

Toilet kit: Small towel, soap in zip lock bag, toothbrush with toothpaste, comb.

Sewing repair kit

Liter plastic drinking bottle

Towel and wash cloth

Sleeping bag and pad

Small Dome Tent

Clothing:

Ranger T shirts, three

Large handkerchief, bandana size

Hiking shoes, extra laces

Two extra pair of socks

Two changes of underwear

Long sleeved sweatshirt, preferably with hood

Sock hat

Long pants and short pants

Long sleeve shirt

Optional items:

Camera, Fishing Gear, Water Filter if you have one

Sharpening device. Honing stone, pocket steel etc., Sylva type compass

Sierra cup

UNDERLINED **HIGHLIGHTED** ITEMS WILL BE SUPPLIED AT CAMP

For more information:

Commander Bernie Stringer

P.O. Box 314 Sierra City, CA 96125

phone 530-289-3417 cell 530-249-4381

email: bernisstringer@att.net

Highway 80 Sacramento to Truckee, Highway 89 to Sierraville, Turn Left At Little Truckee Summit On Road 7 To Jackson Reservoir (Meadows)

Turn Right On Road 7-040 To Lake Of The Woods.. 16.5 Miles from Truckee.

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