

2018
Backpacking Action Camp Application
Camp Dates: Dec. 27-30, 2018

**Total Camp
 Fee: \$95.00**

"THIS IS EMERGENCY & CONTACT INFORMATION PLEASE PRINT CLEARLY"

Name:		Date of Birth:	
Address:			
City, State, Zip:			
Home Phone:			
Emergency Contact:		Contact Phone:	
Church:		Contact Phone:	
Email:			
Shirt Size:	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input checked="" type="checkbox"/> <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult 2X-Large		
Parent / Guardian Signature:			
Senior Commander Signature:			
Pastor Signature:			

1. A \$25.00 non-refundable application fee must accompany each form.
2. All checks should be payable to Royal Rangers.
3. Completed form and application fee should be mailed to:

CWJTA, 4438 Harden Oak Trail Lakeland, FL. 33813

4. A \$25.00 late fee will be applied to all applications postmarked after the deadline date.
5. For information call 813-763-6657 or email to: cwra_registration@floridarangers.com
6. No faxed applications will be accepted.
7. All applications (including adults) must include a completed District Medical Form. Campers arriving at Camp Wilderness without a completed medical form will not be allowed to register or participate. No Exceptions !
8. All applications must include all signatures - parent, senior commander, and pastor.
9. Campers must be in the 9th Grade by the starting day of the camp.

**Incomplete applications and applications not meeting the above requirements
 WILL BE RETURNED.**

Postmark Deadline: Dec. 13th, 2015

Office Use Only	
Date Received:	
Balance Due:	

2018

Backpacking Action Camp Personal Equipment Checklist

Camp Dates: Dec. 06-09, 2018

BASIC Backpacking Checklist: Use Your Head; Carry **ONLY** What YOU NEED!

CARRY System (5 lbs.)

- Backpack (internal or ext. frame)
No bookbags / haversacks

This is a basic and general all purpose list. Use your head and plan accordingly. You do not have to bring permits, they are on their so that you know that often they are needed. We have taken care of all permits for BAC.

MUST HAVE ITEMS

- Small Bible & opt. Journal
- Nylon Cord 50'
- Needle & Thread
- Nylon / Duct Repair Tape
- 6 extra 1 gallon zip lock bags
- Knife (small lockblade style SHARP)
- Flashlight / Headlamp w/Extra Batt. & bulb
- Topographical Map Case /Gallon Ziplock Bag
- Compass (Silva or Lensatic)

CLOTHING System: 7.5 lbs total)

Plan for 1 cold day, 1 hot day, 1 rain day)

- Sun Hat + (Stocking for warmth)
- Windbreaker
- T-Shirt x3
- Rain Gear (Poncho or Rain Suit)
- Underwear x Days (3 min)
- Swim Suit (Season)
- Hiking Pants
- Gloves (Season)
- Shorts
- Bandana
- Socks (Thick and Thin) x4 ea.
- Sleep Shorts / Sweats (Season)

MEDICAL (2 lbs.)

- Personal First Aid Kit
- Assorted bandaids
- 2 Non stick Telfa pads / gauze
- Antibiotic cream
- Allergy / Perscription Medication
- Lip Balm
- Sunscreen
- Insect Repellent
- Sunglasses (Terrain)
- Mole Skin 1 sheet (thick)
- Pain reliever (Asprin etc)

FOOTWARE System: 7.5 lbs total)

- Hiking Boots or Shoes (Terrain)
- Camp Shoes (Closed toe,

SHELTER System (4 lbs)

- Tent 1 or 2 person (Season)
- Sleeping Bag (Season)
- Sleeping Pad
- Lightweight Tarp

COOKING System (3 lbs.)

- Backpacking Stove
- Cook Kit
- Drinking Cup
- Eating Utensils
- Matches / Lighter

TOILETRIES (Under 1 lb)

- Toothpaste & Brush
- Biodegradable Soap
- Toilet Paper
- Trowel
- Towel

PERMITS & IDENTIFICATION

- Fire & Camping Permit (If Req'd)
- Fishing & Mgmt Area Permit (If Req'd)
- Personal Identification
- Copy of your trip schedule
(Original is to be left with a responsible party)
- Notepad & Pen/Pencil

- Camera
- Field Guide
- Playing Cards
- Nylon Water Bag
- Compact Games
- Treking pole / Walking stick
- Water Purification Tablets

Electronic Devices (Cell Phones, I-Pods, DS, PSP , etc.) will not be allowed and will be held for the duration of the camp.

Royal Rangers Medical Release Form

Royal Rangers Medical History/ Release Form -- Chartering Dates Sep, 20___ thru Aug, 20___

All information on this form is private & shall remain confidential

Name: _____ Birth Date: ___/___/___ Age: ___ Grade: ___

Home Address: _____ City: _____
State: ___ Zip: _____

Email address: _____ OP# _____ Division _____ Church _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

1.) Emergency Contact: _____ Relation: _____ Phone: _____

HEALTH HISTORY Check either Yes or No. If Yes, please explain under "Remarks and Medical Facts"

	Yes	No		Yes	No		Yes	No
Sinus Condition			Shortness of Breath			Exposed to infections:		
Ear Problem			Skin Infection			Disease past 3 weeks		
Lung Problem			Hearing Difficulty			Hepatitis past 6 mths		
Heart Trouble			Bad Eyesight			Any Disorder preventing strenuous activity		
High Blood Pressure			Wear Eye Glasses			Taking prescription medicine		
Allergy/Asthma			Wear Contact Lenses			Any negative reaction to drugs or medicine of any type		
Fainting or Dizzy Spells			Medical Care in last year			Nervous / upset easily		
Diabetes			Surgery in last year			Home sick		
Appendix Removed			Special Diet Required			Sleep walker		
Dental Appliances								

Remarks and Medical Facts (Allergies/Dietary Needs/Etc.):

	Swimming Ability (please check one):
	<input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner
	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
	<input type="checkbox"/> Life Guard

In the event medical care is needed for the child named above, I hereby give authorization/permission to the Medical Staff and/or the Person In Charge, or their designee, to use their discretion in rendering care and treatment to the child. I hereby authorize the Medical Staff and/or the Person In Charge, or their designee, to use their discretion in contacting a properly licensed paramedic, physician, or emergency health care center (hospital, or clinic, or 911) and to follow their instructions. I also authorize the Medical Staff and/or Person In Charge, or their designee, to authorize/order emergency medical services for my child, including emergency rescue services, ambulance transport, hospitalization, surgery, anesthesia, and medication.

STATE OF FLORIDA COUNTY OF _____
The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____. (S) He is personally known to me or has produced _____ as identification.

Last Tetanus Shot ___/___/___

Insurance Co.: _____

Policy ID/Group #: _____

Relationship: _____

Parent or Guardian (please check one)

Signature: _____

Printed Name: _____

Date: _____

Signature of Notary

Print Name of Notary

Notary Stamp/Seal