

**2018 Application for: NCN DISTRICT JLTA
Junior Training Camp & Advanced Junior Training Camp
JTC June 17 - 23 AJTC**



Check box of camp attending



Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

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

Email Address _____

Commander's Name _____ Phone (_____) _____

Email Address _____

Commander's Recommendation required: _____
Commander's Signature

Requirements for Attendance

JTC: 12 yrs. old the year of camp. Outpost Commander's Recommendation.

AJTC: Complete JTC & Outpost Commander's Recommendation.

Completed JTC Camp: Year _____

The Academy's camps will teach the trainees the role of a junior leader in their outpost. They will learn many aspects of being an effective leader. In addition a strong spiritual awareness and relationship with the Lord will be emphasized at the JLTA.

DATE: Sunday June 17 – Saturday June 23, 2018
LOCATION: Camp Paradise, Clipper Mills
12725 La Porte Rd Strawberry Valley, CA 95981
REGISTRATION: Sunday June 17, 6:00 P.M.
CAMP ENDS: Sat. June 23 after 10:00 A.M. Closing Ceremonies
CAMP FEE: \$295. *APPLICATIONS POST MARKED BY: 05/19/2018

LATE APPLICATIONS ADD \$35 IF POST MARKED BY: 06/02/2018
06/03/2018 & AFTER ADD \$55 BRING FORMS & FEE TO CAMP MUST CALL BY 06/09/2018

Hat Size: S M L XL T-Shirt Size: S M L XL 2X 3X
 (CIRCLE ONE) (ADULT SIZES ONLY)

This application **must** be accompanied by the JLTA Medical Form, JLTA Liability Release Form and Camp Fee or Deposit of **no less than \$50** (to be applied toward total camp fee). Should you need to cancel, you will receive a refund of all monies paid **(MINUS A \$50 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 Ave, 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

**NORTHERN CALIFORNIA AND NEVADA DISTRICT ROYAL RANGERS
JUNIOR LEADERS TRAINING ACADEMY**

LIABILITY RELEASE FORM

COMMANDERS MAKE SURE YOUR BOY'S HAVE THEIR PARENTS FILL OUT AND SIGN THIS PERMISSION SLIP SO THEY WILL BE ABLE TO PARTICIPATE IN THE ARCHERY CLASS, FIREARMS CLASS, AND TARGET SHOOT.

CALIFORNIA PENAL CODE SECTION 12551

S 12552: Furnishing Firearms to Minors under 18 without permission of parent.---Every person who furnishes any firearm, air gun, or gas-operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor is guilty of a misdemeanor.

I give my permission for my son _____
to use a firearm as described above.

Signed: _____ Date: _____

RELEASE OF PHOTOS FOR PROMOTIONS

I give my permission to use photos taken of my son _____
at camp by the District Staff Photographer to be used for publicity and promotions
for the Northern California and Nevada District Royal Rangers Ministries.

Signed: _____ Date: _____

**PERSONAL EQUIPMENT CHECKLIST FOR
(JTC) JUNIOR TRAINING CAMP #1**

CLOTHING

- Royal Ranger uniform recommended but not required
- If no uniform long sleeve button up shirt required
- If no uniform 1 pair trousers for camp wear required (other than blue jeans) 2 pair recommended
- White Royal Rangers T-shirts required (big emblem) 3 minimum recommended
- 2 pair Blue jeans, long pants required / 3 pair recommended
- 1 pair Uniform type shoes or boots (black) required
- 1 pair Shoes (tennis or athletic or boots) for outdoor activities required
- Black socks and White socks required 6 each minimum recommended
- Underclothing and handkerchiefs required
- Swimming trunks, and sandals or flip flops recommended for water activities'
- Light Jacket recommended
- Sweat shirt recommended
- Work gloves recommended but not required
- Pajamas recommended

Please note: You will be issued a JTC camp hat.

**PERSONAL EQUIPMENT CHECKLIST
(AJTC) ADVANCED JUNIOR TRAINING CAMP #2**

CLOTHING

- Complete Royal Ranger Class B uniform required
(khaki shirt long sleeve, khaki long pants, khaki web belt & bolo tie)
- White Royal Rangers T-shirts required (big emblem) 3 minimum recommended
- 2 pair Blue jeans, long pants required / 3 pair recommended
- 1 pair Uniform type shoes or boots (black) required
- 1 pair Shoes (tennis or athletic or boots) for outdoor activities required
- Black socks and White socks required 6 each minimum recommended
- Underclothing and handkerchiefs required
- Swimming trunks, and sandals or flip flops recommended for water activities'
- Light Jacket recommended
- Sweat shirt recommended
- Work gloves recommended
- Pajamas recommended

Please note: You will be issued a AJTC camp hat.

PERSONAL & OPTIONAL ITEMS FOR ALL CAMPS (JTC) & (AJTC) & (ELTC) & (JACS)

PERSONAL ITEMS

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Sleeping bag or bedding <input type="checkbox"/> Pencil and Pens (2 ea.) <input type="checkbox"/> Toilet kit <input type="checkbox"/> Towels and washcloths <input type="checkbox"/> Canteen or water bottle <input type="checkbox"/> Flashlight with extra batteries <input type="checkbox"/> Pocket knife <input type="checkbox"/> Soap and Shampoo | <ul style="list-style-type: none"> <input type="checkbox"/> Bible <input type="checkbox"/> Toothbrush and Toothpaste <input type="checkbox"/> Chap stick <input type="checkbox"/> Comb or Brush <input type="checkbox"/> Sun screen <input type="checkbox"/> Insect repellent <input type="checkbox"/> Deodorant <input type="checkbox"/> Pillow |
|---|--|

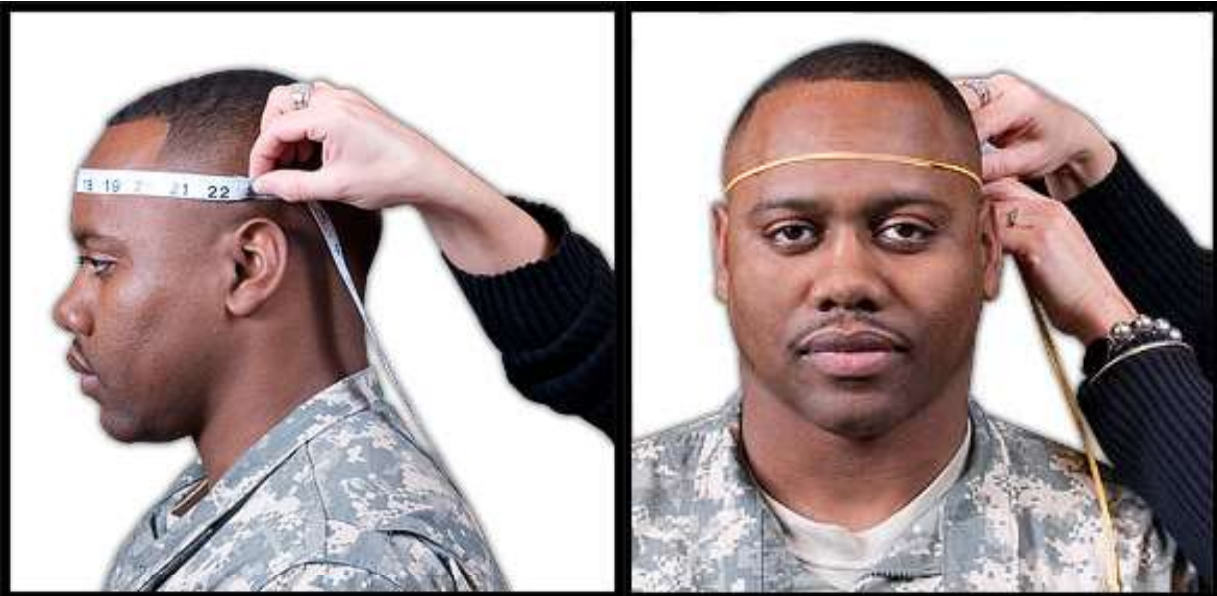
****OPTIONAL ITEMS****

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Ditty bag to carry small items <input type="checkbox"/> Medication
(All medication turned into:
Health & Safety Officer @
beginning of the camp) <input type="checkbox"/> Small package of facial tissues <input type="checkbox"/> Nail clippers with fingernail file <input type="checkbox"/> Sunglasses | <ul style="list-style-type: none"> <input type="checkbox"/> Camera and film <input type="checkbox"/> Hand lotion <input type="checkbox"/> Short pants <input type="checkbox"/> Personal First Aid Kit <input type="checkbox"/> Compact sewing kit <input type="checkbox"/> Baby wipes <input type="checkbox"/> Bag for dirty cloths <input type="checkbox"/> Poncho or raincoat with |
|--|--|

How to find out your correct hat size. Use a tape measure to measure around your head:

- across your brow (approx. 1" above eye brows)
- slightly above your ears
- keeping the tape parallel to the floor
- this measurement is a "two-person" event and is nearly impossible to accurately do by yourself.

For best results, use a plastic or cloth tape measure.
Alternately, you may use a piece of string or cord and then measure the length of the cord.



HAT SIZE CHART

	XS		S		M		L		XL	
HAT SIZE	6 1/2"	6 3/4"	6 7/8"	7"	7 1/8"	7 1/4"	7 3/8"	7 1/2"	7 5/8"	7 3/4"
HEAD SIZE - INCHES	20 1/2"	21 1/8"	21 1/2"	21 7/8"	22 1/4"	22 5/8"	23"	23 1/2"	24"	24 3/8"
HEAD SIZE - CM	52	54	55	56	57	58	59	60	61	62