

FOR OFFICE USE
REC: _____
DUE: _____
SNT: _____

## 2004 WINTER NATIONAL TRAINING CAMP APPLICATION



**PLEASE PRINT**

PERSONAL GPH ACCOUNT No. \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_

DISTRICT \_\_\_\_\_ OUTPOST # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE (_____) _____
RELATIONSHIP _____

SPOUSE'S NAME \_\_\_\_\_

APPLICANT'S RR POSITION \_\_\_\_\_

**WINTER NATIONAL TRAINING CAMP**

- |                   |          |                               |                      |
|-------------------|----------|-------------------------------|----------------------|
| 01 [ ] CALIFORNIA | MINERAL  | ( MT. LASSEN CAMP )           | FEBRUARY 3-6, 2005   |
| 02 [ ] OREGON     | WAMIC    | ( MORROW BIBLE CONF. CENTER ) | FEBRUARY 3-6, 2005   |
| 03 [ ] MAINE      | WINTHROP | (CAMP MECHUWANA)              | FEBRUARY 24-27, 2005 |

You must be **male, 18 years or older, have attended a National Training Camp, and be in good health** in order to participate in the strenuous activities of the training camp. Therefore, you **must** have a physical examination. **\*\*A MEDICAL RECORD FORM OF THE EXAM MUST ACCOMPANY THIS APPLICATION\*\***. After examination, please sign the following statement: **"After consulting with my physician, I know of no physical limitation that would restrict me from participating in the camp activities."**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Any medical facts we should know: \_\_\_\_\_

**Date and Location of the National Training Camp you attended:** \_\_\_\_\_

**REGISTRATION FEES**

Because of the limited size and the advanced cost of setting up these camps, a **\$50** preregistration fee must accompany this application. This will be applied toward the total camp fee of **\$175**. You will receive a **\$25 discount** if you preregister no later than **4 weeks** prior to the camp start date. Please submit your application as early as possible. **Low enrollment of these camps will be determined at 4 weeks prior camp start date. At such time these camps will be cancelled with a total refund.** Should you need to cancel you must notify the National RR office no later than **4 weeks** prior to camp start date. Your preregistration fee or total camp fee if paid in advance, will be refunded **minus a \$20** administration fee. Cancellation after this date is nonrefundable! Should you choose, your fees may be applied toward another camp of your choice. Postmark will determine such dates. A map and additional information will be sent after your registration is approved by the National RR Ministries office.

**WALK-INS** will not be authorized/permitted unless permission is granted by the National RR Ministries office.

MAIL THIS FORM TO: Royal Rangers, 1445 N. Boonville Avenue, Springfield, MO 65802-1894

## MEDICAL RECORD NATIONAL ROYAL RANGER TRAINING CAMPS

### GENERAL INFORMATION

A physical examination by a physician is required for enrollment in a national training camp. Persons arriving at a camp without having had a physical examination will be required to have such an examination at personal expense by a local physician. This form is to be completed and mailed in with the application, or brought with you to the camp. The National Royal Rangers Ministries office has the prerogative to accept or reject any person based upon his medical health.

HEALTH HISTORY	To be completed by the applicant and/or the physician. Answer YES or NO to the following and briefly explain all yes answers under "REMARKS."		
Sinus Condition		Shortness of Breath	
Ear Problem		Skin Infection	
Lung Problem		Hearing Difficulty	
High Blood Pressure		Bad Eyesight	
Allergy - Asthma		Do you wear contacts	
Fainting or Dizzy Spells		Any Medical Care Within the Past Year	
		Any Surgery Within Past Year	
		Exposed to Infections	
		A) Disease Past Three Weeks	
		B) Hepatitis Past Six Months	
		Any disorder Preventing Strenuous Activities	
		Taking Prescription Medicine	
		Any Reaction to Drugs or Medication of Any Type	

REMARKS AND MEDICAL FACTS WE SHOULD KNOW IN CASE OF EMERGENCY:

Give Latest Date of Inoculation or Vaccination Against the Following	Tetanus	Small Pox	Measles	Typhoid	Diphtheria	Polio
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I know of no physical reason that would restrict me from participation in camp activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHYSICAL EXAMINATION

Physician Please Note: Trainees enrolled in outdoor activities are exposed to strenuous physical activity. Therefore, the applicant must be physically sound and strong enough to engage in such activity.

Print Applicant's Name:	Examination Date	Birth Date	Height	Weight	Occupation
BRIEFLY INDICATE CONDITION	HEART	LUNGS	THROAT	EARS	
	EYES	SKIN	HERNIA	BLOOD PRESSURE	

In your opinion, is the applicant physically capable to take training? YES \_\_\_\_\_ NO \_\_\_\_\_

REMARKS:

Physician's Name	Physician's Signature
Physician's Address	Physician's Business Phone Number with Area Code