



Kentucky District Junior Leadership Development Academy

Larue County Sportsman Lake
Hodgenville, Kentucky

FOR OFFICE USE

POSTMARKED:
PAID:
BALANCE DUE:

Please Fill Out Registration Form Below

Please Print
Name (Boy) _____ Grade/Age _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Outpost # _____ Church _____

Commander _____ Contact Information _____

REGISTRATION

<u>Location</u>	<u>Date/Time Check Website</u>	<u>Cost</u>	<u>Registration Deadline</u>
103 Sportsman Lake Rd. Hodgenville, KY 42748	May 17-19, 2019	LISTED BELOW	4 Weeks Prior to Camp—April 17, 2019

Registration by April 17, 2019 (Chartered Outpost)	\$140.00	Pre-Registration Required
Registration by April 17, 2019 (Non-Chartered Outpost)	\$150.00	Pre-Registration Required
Registration by April 18, 2019 – May 16, 2019	\$160.00	Pre-Registration Required
Registration by May 17, 2019 (WALK-IN)	\$175.00	NO—PRE-REGISTRATION

Please check one:



Make Checks Payable to **KY Royal Rangers**
 Mail Form and checks to: District Training Coordinator
 Tommy Lewis
 106 Schlaefter Way
 Rineyville, KY 40162

If you have questions or need further information regarding Junior Training Camp (JTC) or Junior Advance Junior Training Camp (AJTC), please contact Brad Snyder (502) 593-9633 or bradw.snyder@yahoo.com



**KENTUCKY ROYAL RANGERS
KENTUCKY TRAINING ACADEMY
MEDICAL RELEASE FORM**

(Please complete one copy for each Ranger attending Junior Training Camp)

NAME _____	ADDRESS _____		
CITY _____	ZIP _____	CHURCH _____	
OUTPOST NUMBER _____	COMMANDER _____		
AGE _____	PARENT(S) NAME _____		
(Check) Leader _____	Discovery _____	Adventure _____	Expedition _____

PARENT RELEASE TO ATTEND ACADEMY

I hereby authorize _____ (ranger's name) to accompany the Royal Rangers to the Kentucky Training Academy Camp. I understand the arrangements and feel that adequate precautions for the safety of my child have been made and will continue to be taken. I will not hold the local church, its leaders, the Kentucky District Training Academy Camp staff, or the Kentucky District Council of the Assemblies of God responsible for accidents. I understand that my personal insurance will be the primary carrier in case of an emergency needing professional care. The Kentucky District Council of the Assemblies of God will be responsible where individuals may not have coverage. I understand that a First Aid Station will be on the site with a qualified person on duty.

_____ Insurance Carrier Name _____ Signature of Parent or Guardian _____ Date

PHYSICIAN'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The purpose of this section is for parents or guardians to authorize emergency treatment for their child in case of illness or injury while in the custody of Rangers attending Kentucky Training Academy. This section **must be completed and signed** to provide for emergency care.

I, _____ from _____ the
(Parent or Guardian's Name) (Address)
_____ of _____, a minor who is attending Kentucky
(Parent or Legal Guardian) (Child's Name)

Training Academy, do give consent beforehand, in the event that all reasonable attempts to contact me at

() or _____ at () have
(Phone Number) (Alternate Consenting Adult)

been unsuccessful for the administration of any treatment necessary by a licensed physician or dentist

_____ (Parent or Guardian Signature) _____ (Date)



Medical Record

This medical record must be completed for each and every one attending Training Academy (**Adults and boys**). It should be **turned in upon arrival at the Training Academy** to Registration along with the permission slips and adult screening forms. This should also accompany each father adult screening form.

Check one

Name _____ **Boy** **Adult**

Outpost # _____ Church Name _____

Answer Yes or No to the following. Explain all **Yes** answers under **Remarks** below.

- | | |
|-----------------------------------|--------------------------------------|
| 1. _____ Sinus condition | 8. _____ Shortness of breath |
| 2. _____ Ear problems | 9. _____ Skin infection |
| 3. _____ Lung problems | 10. _____ Hearing difficulty |
| 4. _____ High blood pressure | 11. _____ Bad eyesight |
| 5. _____ Allergy or asthma | 12. _____ Wear contact lenses |
| 6. _____ Heart problems | 13. _____ Any medical care this year |
| 7. _____ Fainting or dizzy spells | 14. _____ Any surgery this year |
-
15. _____ Have your been exposed to any disease in the last three weeks?
16. _____ Have you been exposed to hepatitis in the past 6 months?
17. _____ Do you have any disorder preventing strenuous activity?
18. _____ Are you taking any prescription medication?
19. _____ Any known reactions to drugs or medication of any type?

Are you up-to-date for inoculations and/or vaccinations for: Yes or No for each

_____ Tetanus	_____ Small pox	_____ Measles
_____ Typhoid	_____ Diphtheria	_____ Polio

REMARKS: Begin with the Item #, then comment. Example: #11- Eyeglasses required.

I understand that the Royal Rangers Ministry, staff, leaders, and volunteers will not be responsible for any medical expenses incurred, but such expense will be my responsibility as parent / legal guardian.

Print name of Parent / Legal Guardian _____

Signature of Parent / Legal Guardian _____



Kentucky District Photograph Release Form

Turn in upon arrival at registration

I hereby authorize Kentucky District Royal Rangers, hereafter referred to as "Kentucky District Royal Rangers," to publish photographs taken on the dates in the registration form above, of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Kentucky District Royal Rangers' print, online and video-based marketing materials, as well as other Kentucky District Royal Ranger publications.

I hereby release and hold harmless Kentucky District Royal Rangers from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Kentucky District Royal Rangers to use their likenesses and names.

I further acknowledge that participation is voluntary and that I, the minor child, or minor children will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Royal Ranger marketing materials or other Royal Ranger publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Kentucky District Royal Rangers, its contractors, its employees and any third parties involved in the creation or publication of Kentucky District Royal Ranger publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Children: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



Kentucky District Event

Adult Screening Form

In recent years, churches have been sued because of child abuse or molestation occurring in church youth or children's programs. In most of these cases, the plaintiffs allege one or both of the following:

- 1. The church was negligent in hiring the molester to work with minors (i.e. the church hired and/or used volunteers without any screening or evaluation).**
- 2. The church was negligent in supervising the individual.**

Completion and submission of this screening form meets one of the requirements that show the Kentucky District Royal Rangers is screening adult leaders who will be attending this event. It will be used to help provide a safe and secure environment for those boys who participate in our program and use Kentucky District facilities.

This form is to be completed and **turned in upon arrival at Registration** by all adults eighteen (18) years old or older, for any position involved in the supervision of boys at the Kentucky District Event.

Adult Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Church Name _____ Outpost Number _____

If a Commander- Number of years in Royal Rangers and briefly explain your church involvement

Recommendation of Pastor:
I pastor of the above named church hereby recommend and approve the above named leader/adult to attend the Kentucky Royal Ranger Event (only) and supervise the boys from my church. I certify that he has been screened by my church and is approved youth/children's worker/minister or an Approved father/legal guardian.

Pastor's Signature _____ Date _____

This completed form is a requirement for adults (18+) years to attend the Kentucky District Event.