



KENTUCKY BACKPACKING ACTION CAMP

GREAT SMOKY MOUNTAIN

NATIONAL PARK

August 3RD - August 6TH

REGISTRATION PACKET



THURSDAY August 3rd

5:00pm - 7:00pm

Arrival at Bread of Life Assembly of God
1705 Jennifer Road
Lexington, KY 40505

*Please arrive having eaten dinner already

7:00pm - 9:00pm

JTT Session I: Camp Overview and Introductions

JTT Session II: Backcountry Preparation and Planning

9:00pm - 9:30pm

Devotion and Prayer Time

10:00pm

Lights Out

FRIDAY August 4th

6:00am - 7:00am

Pack and Eat Breakfast & Devotion

7:00am - 12:00pm

CARAVAN LEAVING: If you are late, you will not go.

JTT Session III: Wilderness Safety and First Aid

JTT Session IV: Choosing a Campsite

12:00pm - 1:00pm

Lunch @ Elkmont Trailhead

1:00pm - 4:00pm

Hike 4.1 Miles on Meigs Mountain Trail to Campsite 20

4:00pm - 5:00pm

Setup Camp

5:00pm - 7:00pm

JTT Session V: Backcountry Cooking

Dinner

7:00pm - 8:00pm

Free Time

8:00pm - 9:00pm

Devotion and Prayer

9:00pm

Lights Out

SCHEDULE: Day 1 & 2



SATURDAY August 5th

6:00am - 8:00am	Breakfast and Break Camp, Devotion
8:00am - 4:00pm	Hike Approx. 10 Miles to Campsite 18 JTT Session VI: Orienteering and Compass
12:00pm	Lunch on Trail
3:00pm - 5:00pm	JTT Session VII: Water Purification JTT Session VIII: Backcountry Survival
5:00pm - 7:00pm	Dinner
7:00pm - 8:00pm	Free Time
8:00pm - 9:00pm	Devotion and Prayer
9:00pm	Lights Out

SUNDAY August 6th

6:00am - 8:00am	Pack and Eat Breakfast, Devotion
8:00am - 11:00am	Hike Approximately 2 Miles to Road and Pickup
11:00am - 12:00pm	Drive to City of Townsend for Lunch
12:00pm - 1:00pm	Lunch
1:00pm - 4:00pm	River Tubing @ "Smoky Mountain River Rat"
4:00pm - 8:00pm	Drive back to Bread of Life Assembly, Dinner will be Provided on the Trip Home Parents will be contacted when group is 1 hour from Lexington, Etimated ETA 8:00pm.



Please Print
Name (Boy) _____ Grade/Age _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Outpost # _____ Church _____

Commander _____ Attendee T-Shirt Size _____

<u>Cost</u>	<u>Registration Deadline</u>
\$125.00	July 1st 2017

Make Checks Payable to:
KENTUCKY DISTRICT ROYAL RANGERS

Mail Form and check to:
TYLER LEMARINEL
43 CREEKWOOD CT.
FRANKLIN, TN 37064

Checklist:

- \$125.00 Check
- Registration Form
- Medical Release Form
- Medical Record Form
- Photograph Release Form
- Smoky Mountain River Rat Release Form

REGISTRATION



Shelter:

- Tent and Fly (2-person, free standing dome)
- 1 Extra tent stake

Sleeping:

- Sleeping bag (lightweight, small)
- Compression sack for sleeping bag
- Sleeping pad (closed cell foam, Thermarest)
- Pillow - inflatable, stuffable

Cooking:

- **Stove (white gas)
- **Extra fuel bottle
- **Extra fuel (4oz. per person, per day)
- Matches (Strike anywhere, 2 containers)
- Spoon (made of Polycarbonate)
- Small pocket knife
- Cup (made of Lexan)
- **2 Quart pot
- **Hot pot holder
- Seasonings

Water:

- **Water Purifier
- **Extra filter
- Two (or more) 1 Quart Nalgene water bottles

Food:

- Light Weight, Single Serving Snacks

Clothing:

- Hiking boots (mid to heavy duty)
- Camp shoes (moccasins, sandals)
- Heavy hiking socks (2)
- Underwear (3)
- 2 Shorts (loose fit, avoid cotton)
- 1 long pants (loose fit, sweat pants, avoid cotton/denim)
- 2 T-shirts (cotton, Royal Rangers)
- Lightweight fleece jacket
- Light Rain Jacket
- Hat

Toiletry:

- Toothbrush and toothpaste
- Toilet paper and/or baby wipes in zip-lock bag
- Hand shovel
- Small bar of soap (biodegradeable)
- Wash cloth and small towel
- Lip balm
- Sunblock

Miscellaneous:

- Sunglasses (UV protection, wrap around)
- Camera
- Small flashlight, Extra Batteries
- Compass/ Silva Style
- Backpack (Large, >4500 Cu. In.)
- Pen & small note pad
- Small bible
- Insect repellent
- Large Garbage Bags (2)
- Small garbage bags
- Map(s)
- 25 feet of cord
- Stuffsacks

**NOTE: SOME ITEMS MAY BE SHARED AMONGST THE GROUP. IF YOU ARE UNABLE TO PROVIDE ALL ITEMS, PLEASE CONTACT THE CAMP COORDINATOR, TYLER LEMARINEL @ 615.339.5876 TO BORROW ITEMS.



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 Kentucky 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
(Parent or Legal Guardian) (Child's Name)

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

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

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

_____ (Parent or Guardian Signature) _____ (Date)

MEDICAL RELEASE



This medical record must be completed for each and everyone attending JLTA (Adults and boys). ALL ATTACHED FORMS MUST BE RETURNED WITH REGISTRATION FEE TO SAVE YOUR PLACE.

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 you 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

Signature of Parent / Legal Guardian _____

Parent / Legal Guardian _____

MEDICAL RECORD



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: _____

Name of Minor Child:

Name: _____ Age: _____

PHOTO RELEASE



RELEASE OF LIABILITY (READ BEFORE SIGNING)

In consideration of being allowed to participate in any way in the Smoky Mountain River Rat, Inc. d/b/a/ River Rat Program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and I assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS, Smoky Mountain River Rat, Inc, d/b/a River Rat, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity ("Releasees"), the United States and the State of Tennessee, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to persons or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE to the fullest extent permitted by law.

Finally, I hereby irrevocable consent to and authorize, Smoky Mountain River Rat, Inc. d/b/a River Rat to use and reproduce any and all photographs and videos taken of me for any purpose whatsoever, without further compensation to me. All such photographs and videos, including negatives and the like are solely the property of Smoky Mountain River Rat, Inc. d/b/a River Rat.

I have read this Release of Liability and Assumption of Risk Agreement, and fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PARTICIPANT'S PRINTED NAME	PARTICIPANT'S SIGNATURE	DATE
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I have read this Release of Liability and Assumption of Risk Agreement, and fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

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