

JUNIOR TRAINING CAMP



**June 20-22, 2024
Hope Chapel
17417 N. 63rd Ave
Glendale, AZ 85308**

JTC 2024



INFORMATION

- Camp begins Thursday at 9:00am and ends on Saturday at 3:00. Meals will not include Thursday breakfast or Saturday dinner
- Camp will be in a church setting, we will be sleeping indoors – please bring a sleeping bag and cot. We will have a portable shower set up on site, there will be several outdoor activities, plan on getting hot and sweaty.
- Understand that this is a Leadership Camp. Your days will be full of activities and free time will be at a minimum.

JTC 2024

WHAT TO BRING

- Bible
- Pen/pencil
- Clothing for 3 days. Be sure to bring comfortable shoes and clothes to be worn on an early morning hike. Royal Ranger tee shirt of any type. Utility uniform not required but can be worn for graduation.
- Sleeping attire
- Toiletries bag
- Towel/washcloth
- 1 pair of shorts for shower purposes
- Sleeping bag/Pillow/Cots are OK
- Sports bottle/water bottle





Registration Junior Training Camp JUNE 20-22, 2024

Camper's Information

Name:	Age:	Date of Birth:	Grade:
Home Address:			
City:	State:	Zip Code:	
Preferred Phone: ()		Alternate Phone: ()	
E-mail address:			
T-Shirt size: S M L XL 2XL 3XL (Circle one)			

Church/Outpost Information

Church Name:	Outpost Number:	
City:	State:	Outpost Coordinator:

Registration Information

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Registration of \$80 is due June 16, 2024

A completed Medical Form must accompany this registration

If you have any questions, call or email:

Todd Mills

602-809-8945

gfdpiper@live.com

MAIL REGISTRATION TO:

Todd Mills
4719 W Lapenna Dr
New River, AZ 85087

MAKE CHECKS OUT TO:

AZ Ministry Network

MEMO:

Royal Rangers JLTA

ROYAL RANGERS PERSONAL MEDICAL RECORD

CAMPER ID: (for camp use only)

A Personal Medical Record (PMR) form must be submitted for every individual (adult or minor) attending Royal Rangers events. Forms provided for minors must include the signature of a parent or guardian. Event participation is conditioned upon the participant's (and parent's or guardian's) acceptance of terms as stated below concerning the administration of emergency medical treatment. This form is intended to supplement event registration and parental consent-to-participate forms.

PARTICIPANT'S NAME: _____ DOB: _____ Age: _____ District: _____ Outpost: _____

MEDICAL INSURANCE: Insur. Company Name: _____ Phone: _____ Policy #: _____

Attach a photocopy of both sides of your insurance card. If you do not have medical insurance, enter "none" above.

HEALTH HISTORY: Do you currently have, or have you ever been treated for any of the following?

Y	N	Condition
		Abdominal/digestive problems
		Asthma
		Behavioral/neurological disorders
		Bleeding disorders
		Ear/sinus problems
		Excessive fatigue or breathing problems
		Fainting spells
		Kidney disease
		Thyroid disease

Y	N	Condition
		Heart disease, heart attack, heart murmur
		Hypertension, high blood pressure
		Stroke
		Lung/respiratory disease
		Muscular/skeletal condition
		Menstrual problems (women only)
		Sickly call disease
		Seizures
		Sleep disorders

Are you allergic to, or have you experienced an adverse reaction to, any of the following?

Y	N	Condition
		Medication
		Food

Y	N	Condition
		Plants
		Insect bites or stings

If yes to any, please explain: _____

IMMUNIZATIONS: The following immunizations are recommended for participation in Royal Rangers events. Indicate below if you have received the immunization, the date received, whether or not you've had the disease, and if so, the date.

Immunized?		Immunization	Date Received	Had disease?		Date[s] you had the disease
Y	N			Y	N	
		Tetanus				
		Pertussis				
		Diphtheria				
		Measles				
		Mumps				
		Rubella				
		Polio				
		Chicken Pox				
		Hepatitis A				
		Hepatitis B				
		Meningitis				
		Influenza				

MEDICATIONS: Please indicate below all medications currently being used, including items for occasional or emergency use. Attached additional forms is additional space is needed.

Medication	Strength	Frequency	Aprox. Date Started	Needed For

Please provide additional information concerning current health or medical conditions not referenced elsewhere: _____

AUTHORIZATION FOR TREATMENT: I hereby affirm the above information to be true and complete to the best of my knowledge, and consent to the administration of emergency medical care at the discretion of the adult leaders attending. Administration of the medications listed above by designated adult personnel is also hereby authorized.

Signature of Participant

Date

Please print name of signer

(or Parent/Guardian if participant is less than 18 years of age)

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Form PMR-1