



**Mississippi District Royal Rangers
JUNIOR LEADERSHIP DEVELOPMENT ACADEMY
March 8 – 10, 2024**



TRAINEE'S APPLICATION

Please **CIRCLE** which camp you are attending:



(Grades 3-6)

(Grade 7-8)

T-Shirt Size: _____ (Circle) Youth size or Adult (Adult sizes available up to 3 XL)

WHERE: Ranger Trails Campground - Terry, MS

COST: Registration: **\$125.00 per boy**

Enclosed with application is [] Whole Camp Fee [] \$75.00 Pre-registration Fee

Registration deadline is FRIDAY, FEBUARY 23, 2024 – NO EXCEPTIONS!

REFUNDS: If for some reason you are not accepted for this camp, you will be notified by mail and your check will be returned. Should you be accepted and then not attend, there will be **NO REFUND**. Your camp registration fee will be considered a donation to the Mississippi District Royal Ranger Ministry. If the camp is canceled by the JLDA Staff for any reason, your money will be returned.

PLEASE PRINT:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Ph: (____) _____ - _____
Church: _____
City: _____ State: _____
Age: _____ Date of Birth: ____/____/____ Outpost #: _____ Relationship: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: (____) _____ - _____
Work Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____

Parent's or Trainee's Email Address: _____ **(IMPORTANT)**

Camper's Outpost Commanders Name: _____ **(IMPORTANT)**

PARENTAL AUTHORIZATION

I understand that there is a certain degree of risk and possible injury by reason of the activities at this camp. In the event that I cannot be reached in an emergency, I hereby give permission to the emergency personnel, nurses, physician and hospital, chosen by the camp staff, to administer proper treatment for my child in case if illness or emergency.

_____/_____/_____
(Signature of Parent or Guardian) (Date)

Trainee Medical History: Good Health? (Circle) Yes No (Restricted activities? _____)

Physical impairments (heart, lungs, mobility, seizures, etc.) _____

Special medications required: _____

Allergies: (Circle) Yes No If yes what types: _____

Health Insurance Provider Name: _____ Group Number _____

Doctor's Name: _____ Phone number: (____) _____ - _____

MAIL APPLICATION AND CAMP FEE TO: Kenny Richardson / 121 Allen Avenue / Stonewall, MS 39363
Home Phone: 601-659-4453 / Cell: 601-934-2123

(Please make check payable to: **Mississippi District Royal Rangers**)