



**Mississippi District Royal Rangers
JUNIOR LEADERSHIP DEVELOPMENT ACADEMY
March 27 – 29, 2026**



TRAINEE'S APPLICATION

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



(Grades 4-6) (Grade 7 & up) (Grade 8 & up)

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

WHERE: The Trails Campground and Retreat Center - Terry, MS

COST: Chartered Outpost **\$150.00 per boy** / Unchartered Outpost **\$175.00 per boy**

Registration deadline is THURSDAY, MARCH 12, 2026 – 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 Rangers 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 of 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: (____) _____ - _____

EMAIL COPY OF APPLICATION TO: fcffuzzybear@yahoo.com (Kenny Richardson Cell: 601-934-2123)

(On arrival to camp please have check payable to: **Mississippi District Royal Rangers**)