Academy Camps Registration Form

Monday July 28, 2025 – Thursday July 31, 2025 Camp Cedaredge, 19986 CO Hwy 65, Cedaredge, CO. 81413

Camp JTC or AJTC	Must be Postmarked or E-mailed by:	Cost
Chartered Outpost		\$187.00
Rate:	Monday, June 30, 2025	
Non-Chartered Outpost		\$220.00
Rate:		

PAYMENT IS DUE DURING THE ON-SITE REGISTRATION ON JULY 28, 2025
The District Royal Rangers have ½ and full scholarships available for these camps, contact Pastor Dave Banister for more information regarding these scholarships. dabanister@gmail.com

Check-in for camp will begin at <u>4:00 P.M. Sharp on Monday July 28, 2025.</u> Closing ceremonies will begin at approximately 10:00 A.M. on Thursday, July 31, 2025. Camp information packets will be available via the district web-site only (<u>www.rmdrr.org</u>). You will receive an email confirming the acceptance of your registration with additional information

the Outdoor Skills Action Camp . AJTC – You must be at least entering the 8 th gr	de and earned the Green Camping Mer i	it or con
AJIC - You must be at least entering the 8" or	and and a sundivista of ITO	
	ade and a graduate of JTC.	
PLEASE PRINT <u>NEATLY</u> AND COMPLE	ETE THE FOLLOWING INFORMAT	TON.
Jame	DOB	
address		
Sity S	tate Zip	
Sity		
-mail	Section	
Outpost # Grade Entering in Fall 2025	T-Shirt Size	
OUR SENIOR COMMANDER MUST COMPLETE	essary to attend the above registered camp.	Thoso
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The following information is necessary and must be completed in order for your son to attend the Junior Leadership Training Academy. Print neatly and check each blank line to ensure it is completed with proper information. Signatures are required in the appropriate places.

	PARENT PERMISSION FORM
Training Academy. I understand the a taken. I will not hold the local church	to attend the Royal Rangers Junior Leadership rrangements and feel that adequate precautions for the safety of my son have been or its leaders, or the Sectional Staff, or the District Staff, or the Rocky Mountain God, responsible for any accidents. I understand that there will always be trained
Signature	Date:
Parent or Guardian printed name:	
EMERGENCY	MEDICAL INFORMATION AND AUTHORIZATION
purpose of this form is to make it poss	nt or guardian, and must be sent in with the registration for the Academy. The sible for parents or guardians to authorize emergency treatment for MINOR Royal ed. Every effort will be made to contact the parents or guardians before any medical ble.
ADMINISTRATION OF ANY TREA	
(Signed)	(Date)
Home Phone ()	(Date) Cell Phone () Doctor's Phone ()
YOUR SON'S MEDICAL HISTOF impairments, etc.	RY: Describe any health concerns such as food/medication allergies, Physical

Date of last <u>TETANUS Shot</u>:

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