

Outdoor Skills Action Camp Registration Form

Thursday June 19, 2025 – Sunday June 22, 2025

The drop off and pick up location will be the Summit of Douglas Pass on CO Hwy. 139, Approximately 50 miles North of Grand Junction, Colorado.

Outdoor Skills Action Camp	Must be <u>Postmarked</u> or E-mailed by:	Cost
Chartered Outpost Rate:	May 23, 2025	\$212.50
Non-Chartered Outpost Rate:		\$250.00

PAYMENT IS DUE DURING THE ON-SITE REGISTRATION ON JUNE 19, 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 **3:00 P.M. Sharp on Thursday June 19, 2025 at the noted drop off location.** Closing ceremonies will begin at approximately 9:00 A.M. on Sunday, June 22, 2025. This camp will conclude at 11:00 AM on Sunday, June 22, 2025 at the designated pick up location at the summit of Douglas Pass. Camp information packets will be available via the district website only (www.rmdrr.org). Once your application is accepted, you will receive an email confirming your registration which will include additional details about this camp location as well as a proposed packing list. This camp is LIMITED to eight (8) students on a first come first serve basis.

The following prerequisites are required to participate in this camp!

Each student MUST be entering the 7th grade or higher during the 2025/2026 school year and be recommended by his outpost commander to attend this event.

PLEASE PRINT NEATLY AND COMPLETE THE FOLLOWING INFORMATION.

Name _____ DOB _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Church _____
E-mail _____ Section _____
Grade Entering in Fall 2025 _____ T-Shirt Size _____ Outpost # _____

YOUR SENIOR COMMANDER MUST COMPLETE AND SIGN THE FOLLOWING:

The above-listed applicant meets all the requirements necessary to attend this camp. These requirements are necessary to ensure the most effective training experience.

Sr. Commander _____ Phone # _____ OP# _____ Date _____
Signature

Mail or E-Mail Completed Registration Forms to:

Pastor Dave Banister
585 25 ½ Road, TRLR#124
Grand Junction, Colorado 81505

dabanister@gmail.com

Make checks payable to: **Rocky Mountain District Council or RMDC**

(Direct any questions to Pastor Dave Banister - call 970-296-4291 or email dabanister@gmail.com)

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The following information is necessary and must be completed in order for your son to attend the Outdoor Skills Action Camp. 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

I hereby authorize _____ to attend the Royal Rangers Junior Leadership Training Academy. I understand the arrangements and feel that adequate precautions for the safety of my son have been taken. I will not hold the local church or its leaders, or the Sectional Staff, or the District Staff, or the Rocky Mountain District Council of the Assemblies of God, responsible for any accidents. I understand that there will always be trained First Aid personnel on duty.

Signature _____ Date: _____

Parent or Guardian printed name: _____

EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

This form must be signed by parent or guardian, and must be sent in with the registration for the Action Camp. The purpose of this form is to make it possible for parents or guardians to authorize emergency treatment for MINOR Royal Rangers who may become ill or injured. Every effort will be made to contact the parents or guardians before any medical treatment is administered when possible.

I, _____ (parent or guardian) of _____ (name of son), A MINOR, WHO IS ATTENDING A ROYAL RANGER EVENT, DO HEREBY GIVE MY CONSENT, TO THE ADMINISTRATION OF ANY TREATMENT THAT IS DEEMED NECESSARY BY LICENSED PHYSICIANS, DENTISTS OR EMERGENCY PERSONNEL AS WELL AS ANY MINOR FIRST AID THAT MAY BE ADMINISTERED BY A TRAINED MEMBER OF THE CAMP STAFF.

(Signed) _____ (Date) _____

Home Phone (____) _____ Cell Phone (____) _____

Doctor's Name _____ Doctor's Phone (____) _____

YOUR SON'S MEDICAL HISTORY: Describe any health concerns such as food/medication allergies, Physical impairments, etc.

Date of last **TETANUS Shot**: _____

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SPECIFY ANY MEDICATIONS THAT MUST BE ADMINISTERED WHILE AT CAMP: NO OVER THE COUNTER OR PRESCRIPTION MEDICATION MAY BE STORED IN A BOY'S TENT AND MUST BE SECURED BY THE CAMP HEALTH AND SAFETY OFFICER.

ANY ADDITIONAL INSTRUCTIONS?