

NJ ROYAL RANGERS ADVANCEMENT ACADEMY

Application

August 3 - 9, 2008 — Camp Roosevelt - Aldine, NJ

Mail Application & Check to: Cmdr. Bob Carlino 209 Fawn Drive, Newfield, NJ 08344

Contact Info: (856)697-9111 email: rr3bob@aol.com

FOR ACADEMY USE ONLY		CAMP FEE \$ _____
____/____/____	CHECK # _____	or CASH \$ _____
Combined Check / Scholarship		DISCOUNT \$ _____
_____		LATE FEES \$ _____
Balance Due at Registration \$ _____		
____/____/____	CHECK # _____	or CASH \$ _____

TRAINING CAMP: Check One Only



Discovery Training Camp
Boys who have Completed:
4th or 5th Grade
Registration **\$175**



Adventure Training Camp
Boys who have Completed:
5th or 6th Grade
Registration **\$175**



John Earnest Merit Camp
Boys who have Completed:
ATC or 6th Grade
Registration **\$175**

Note: \$25 of the Junior Camp fee each year will be set aside for a Boy's Saber and Accessories used during Elite Camp. Camp is determined by grade completed.

Registration **\$200**



Junior Training Camp & Merit Camp
Boys who have completed:
7th Grade or higher

Registration **\$225**



Advanced JTC & Junior Survival Camp
Boys who have completed:
8th Grade or higher
Must Have Completed JTC

Registration **\$225**



Junior Canoe Expedition & Junior Missions Camp
Boys who have completed:
9th Grade or higher
Must Have Completed AJTC

Registration **\$200**



Elite Junior Leadership Camp
Boys who have completed:
10th Grade or higher
Must Have Completed
* 5 JLTA Camps &
* Leadership Medal

Discounts & Additional Fees: Make check payable to NJRRAA (No refund after July 1st)

- FAMILY DISCOUNT** 1st Child Full Price, 2nd Child \$25 discount, & 3rd Child \$50 discount. (Deadlines Apply)
- LATE FEE** postmarked *after June 15 - add \$25* *after July 15 - add \$50* *after July 25 - add \$100*

Forms will be mailed back if signatures are missing or not completely filled out.

T-SHIRT for DTC, ATC & JEM: (Circle one)

Boys Sizes: **S M L** Adult Sizes: **L XL 2XL**

T-SHIRT & HEADGEAR for JLTA: HeadGear Size: (JTC+AJTC+JSC+JCE+EJLC): _____

Adult Sizes: **L XL 2XL 3XL** With a soft measuring tape measure the circumference of your head

_____ LAST NAME (please print) MIDDLE INITIAL FIRST NAME			DATE OF BIRTH [] [] [] [] [] [] MON DAY YEAR			Grade Just Completed []
_____ ADDRESS			_____ FATHER / GUARDIAN			
_____ CITY ST ZIP			_____ CELL PHONE (_____) _____ WORK PHONE (_____) _____			
_____ HOME PHONE (_____) _____ PHONE (_____) _____			_____ MOTHER / GUARDIAN			
			_____ CELL PHONE (_____) _____ WORK PHONE (_____) _____			

In Case of Emergency Please Notify:

- 1) EMERGENCY CONTACT _____ RELATION _____ PHONE (_____) _____
- 2) EMERGENCY CONTACT _____ RELATION _____ PHONE (_____) _____

Outpost & Church Information

OUTPOST # _____ DISTRICT _____ SECTION _____

CHURCH _____ CHURCH PHONE (_____) _____

CHILD RELEASE INFORMATION Please indicate whom your son will be leaving with if NOT the signing parent. Proper ID will have to be shown by the person named below. This can be completed at Camp during registration if needed. Please call if there is a change in the person you have identified to pick up your son. The new person must bring proper I.D. Boys leaving camp early or Friday night MUST SIGN OUT with their Camp Commander.

- The following person will pickup my son _____

Medical Record

Applicant's Full Name _____

Outpost # _____

Health History

A complete Health History must be completed by the applicant's parent / guardian to attend Academy.

Sinus condition YES NO
 Ear problem YES NO
 Lung problem YES NO
 Heart trouble YES NO
 High blood pressure YES NO
 Allergy-Asthma YES NO
 Fainting or dizzy spells YES NO
 Diabetes YES NO
 Appendix removed YES NO
 Dental Appliances YES NO

GENERAL INFORMATION: A Sports Physical Examination by a health practitioner with his/her signature is optional for participation at the Advancement Academy. The NJ Royal Rangers Adv. Academy reserves the right to accept or reject any person based upon his medical health.

NOTE: Has the applicant experienced the following? Check either "Yes" or "No" If "Yes" explain under "Remarks and Medical Facts We Should Know."

Shortness of breath YES NO
 Skin infection YES NO
 Hearing difficulty YES NO
 Bad eyesight YES NO
 Wear eyeglasses? YES NO
 Wear contact lenses? YES NO
 Any medical care in past year? YES NO
 Any surgery within past year? YES NO
 Special diet required? YES NO
 Exposed to infectious:
 Disease past 3 weeks YES NO
 Hepatitis past 6 months YES NO
 Any disorder preventing strenuous activity? YES NO
 Taking prescription medicine? YES NO
 Any reaction to drugs or medicine of any type? YES NO
 Home Sickness YES NO

Food, Drug and/or other Allergies: _____

I am currently taking the following medications: _____

Please include written instructions for all medications.

Remarks and Medical Facts We Should Know: (Add Sheet if Needed)

Give latest date of inoculation or vaccination against the following:

Tetanus ___ / ___ / ___ Hep B ___ / ___ / ___
 Measles ___ / ___ / ___ Typhoid ___ / ___ / ___
 Diphtheria ___ / ___ / ___ Polio ___ / ___ / ___
 Flu Shot ___ / ___ / ___

Doctor & Insurance Company Info: (Please Print)

Medical History, Vaccination History & Doctor info Required

 DOCTOR'S NAME & PHONE (_____) _____

 INSURANCE COMPANY & PHONE (_____) _____

 ID NUMBER GROUP / POLICY / CERT NUMBER

 SUBSCRIBER'S NAME & RELATIONSHIP

Physical Examination (Optional)

Note to Health Practitioner: Applicants attending Advancement Academy are exposed to hot, strenuous activity. Therefore, the applicant must be physically sound and strong enough to engage in such activity.

X
 PRACTITIONER'S SIGNATURE _____ DATE _____

EXAMINATION DATE ___ / ___ / ___	BIRTH DATE ___ / ___ / ___	HEIGHT ' "	WEIGHT lbs
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Required Release Signatures

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend the 2008 NJ Royal Rangers Advancement Academy at Camp Roosevelt in Aldine, NJ - August 3-9, 2008. The parent's or legal guardian's signature below indicates: Permission to administer medical attention to the minor in the event of a medical emergency and verifies the applicant has completed at least the Fourth Grade. **Parent agrees not to send a cell phone with their son to camp.** Parent also agrees for minor involved in JCE & JMC to leave the camp under the supervision of RRAA instructors.

Disciplinary Acknowledgment: A discipline policy has been established for the Academy. It was put into place to insure that your son(s) will not only adhere to the rules but will have a safe and enjoyable time at the Academy. The numbers 1 - 6 apply to the seriousness of the infraction. The full policy is available for review upon request.

1. Verbal counseling with advisor/counselor.
2. Word theme (up to 100 words during recreation time)
3. An additional word theme (up to 100 words)
4. 1-hour time out during recreation with job duties assigned by Camp Commander or Assistant Camp Commander after counseling.
5. 2-hour time out during recreation with job duties assigned by Camp Commander or Assistant Camp Commander after counseling.
6. Dismissal from camp. CAN BE DONE BY CAMP COMMANDER ONLY.

 E-MAIL ADDRESS NO EMAIL X PARENT'S/GUARDIAN'S SIGNATURE DATE

Senior Commander: While Advancements and Merit Awards are important, "Reaching, Teaching and Keeping boys for CHRIST" is the Academy's main goal. Please assist your boy(s) in checking and trying to complete any prerequisites before the Academy. This will help us insure that the boy is "READY" for the Academy. Thank you for your time, cooperation and information. Address is needed for sending back paperwork, which will be mailed out by Oct 1st.

 SENIOR COMMANDER'S NAME (Please Print) X SENIOR COMMANDER'S SIGNATURE DATE

 ADDRESS
 CITY STATE ZIP (_____) PHONE NUMBER E-MAIL ADDRESS NO EMAIL