

Staff/LTA Application

August 8 - 14, 2010 — Camp Roosevelt - Elmer, 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	FEES \$ _____
____/____/____ CHECK # _____ or CASH \$ _____	
Balance Due at Registration \$ _____	

READ THIS FIRST: This Application is for those applying for a Staff Position and Commanders attending any LTA Classes or JSC. You will need Pastoral approval and complete a Back Ground Check. The New Jersey District will conduct the check, which applies to all Staff Member, Junior Staff; support Staff, visitors, and/or those helping the Academy in any way. It applies whether attending for a couple hours or the entire week. Your ability to serve on a Camp Staff and/or Academy Staff maybe affected by the results of the Back Ground Check.

TRAINING CAMP:

Check One Only

- DTC Staff** - 5th or 6th Grade
- ATC Staff** - 6th or 7th Grade
- JEM Camp Staff** - 7th Grade

- JTC Staff** - 8th and up
- Advanced JTC Staff** - 9th and up
- JSC Staff** - 9th and up
- JCE Staff** - 10th and up
- JMC Staff** - 10th and up
- EJLC Staff** - 11th and Up

- Junior Staff - DTC, ATC, JEMC**

Boys must have the following:
Completed 9th Grade

Written Recommendation from:
Pastor
Senior Commander

- Senior Guide** - By Invitation Only
- Academy Staff** - Kitchen
- Academy Staff** - Instructor
- Academy Staff** - General Staff

REGISTRATION FEE:

Make check payable to NJRRRAA

Love Offering

Ranger Basics and LMA Classes Available

STAFF T-SHIRTS

Adult Sizes: **L XL 2XL 3XL**

HeadGear Size: (JSC + JCE only): _____

With a soft measuring tape measure the circumference of your head

			DATE OF BIRTH			Grade Going Into
			MON	DAY	YEAR	
LAST NAME <i>(please print)</i>	MIDDLE INITIAL	FIRST NAME				
ADDRESS _____			Junior Staff Only	FATHER / GUARDIAN _____		
CITY ST ZIP _____				CELL PHONE (_____) _____ WORK PHONE (_____) _____		
HOME PHONE (_____) _____ PHONE (_____) _____				MOTHER / GUARDIAN _____		
EMAIL _____				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 (_____) _____

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? (List Below) YES NO
- Any surgery within past year? (List Below) YES NO
- Special diet required? YES NO
- Exposed to infectious (List Below):
 - Disease past 3 weeks YES NO
 - Hepatitis past 6 months YES NO
- Any disorder preventing strenuous activity? YES NO
- Taking prescription medicine? (List Below) YES NO
- Any reaction to drugs or medicine of any type? (List Below) YES NO
- Home Sickness YES NO
- Sleep Walking YES NO

Food, Drug and/or other Allergies: _____

I am currently taking the following medications: _____

NOTE: Please include written instructions for all medications below.

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

Inoculation and vaccination Information:

Tetanus ___ / ___ / ___
 Please Initial if Shots are up to date: **X**
If Shot given within last 6 months please list below with date.

Permission To Possess Epi Pen/inhaler: I verify that my son has the knowledge and skills to safely possess and use the identified medication(s) in a camp setting. I give permission for my son to keep the above-described epi-pen and/or inhaler in his possession at camp. I will also provide an extra epi-pen and/or inhaler that will be kept in the camp Health Center for emergencies.

Permission for my son to possess and use Epinephrine Auto-Injector Asthma Inhaler

X
 PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

Doctor & Insurance Company Info: (Please Print)

DOCTOR'S NAME & PHONE (_____) _____

INSURANCE COMPANY & PHONE (_____) _____

ID NUMBER _____ GROUP / POLICY / CERT NUMBER _____

SUBSCRIBER'S NAME & RELATIONSHIP _____

Medical History & Doctor Info Required

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
-------------------------------------	-------------------------------	---------------	---------------

Required Release Signatures

Adult (18+) Pastor's Certification for Church Worker: I am personally acquainted with the adult applicant, and in my opinion he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activity. Signature indicates that this Commander is a Chartered Member and has made a steady Commitment to the Outpost.

The church has on file the applicant's youth workers screening form. Adult leaders are considered 18 years of age or older.

X
 PASTOR'S SIGNATURE _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER (_____) _____

Parent/Legal Guardian Consent for Junior Staff (under 18): The signature of a parent or legal guardian is required for a minor to attend the 2010 NJ Royal Rangers Advancement Academy at Camp Roosevelt, August 8-14, 2010. 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.

X
 PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____