

Earn Awards - Become a Leader - Enjoy Fun, Games, Devotions, Friends and Fellowship

Montana District Royal Rangers



June 14th - 17th, 2011 (Tues.-Fri.)

Junior Training Camp & Advanced Junior Training Camp

At Ranger Mountain

For Qualified Expedition and Adventure Rangers

REGISTRATION FOR CAMP PARTICIPATION

If you plan to participate, contact the District Office by phone, fax or e-mail by [Tax Day] April 15th, 2011. If you fax or e-mail, it would be safest to confirm it's receipt by phone.

The registration fee for JTC/AJTC is **\$100.00**. All completed applications, medical forms and payment in full are to be at the district office by April 30th, 2011. Late registration fees received on or after May 1st, 2011, will be **\$115.00**. Be sure to check with your post office to insure you are mailing with sufficient time to reach the district office by April 30th, 2011. No Late Registration Forms or Fees for the camps will be accepted after May 15th, 2011. Refunds for cancellations will be made until June 1, 2011. Please complete this application form "in its entirety", and mail it with your payment for registration to:

ATTN: JTC/AJTC
406-652-2417 Ext 2
Make Check Payable To: - - - -> Montana Royal Rangers
406-652-2453 Fax
2147 Overland Ave. Suite 100 mt.youthned@gmail.com
Billings, MT 59102

My completed registration form with merits, medical information and fee is being mailed on _____, 2011.

Incomplete applications are not acceptable!

Onsite Camp Registration begins at 11:00 am Tuesday morning, June 14th at the Cut Bank Camp on Ranger Mountain. The camps will conclude on June 17th, 2011, at 12:00 p.m. Travel to Ranger Mountain will be on your own. Food and cooking equipment will be provided, unless you have special diets or restrictions, which will necessitate your bringing and being responsible for your own food. (See equipment list.)

Note: Commanders and parents "must" authorize your rangers' participation!

< < < Ranger Participants Complete This Section > > >

2011 **JTC** OR **AJTC** on Ranger Mountain

{Circle the Camp you wish to attend.}

-- PLEASE PRINT --

Attendee Name _____ Age _____ Birth Date _____
Address _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
Church Name _____ Phone _____
Address _____ City _____ St. _____ Zip _____
Pastors' Name _____
Commanders' Name _____ Phone _____ Outpost # _____

----- REQUIREMENTS -----

For **JTC** you must:

1. Be an Adventure Ranger.
2. Must have completed your first year of Adventure Rangers.
3. Must have completed the 4 required merits for the first year
4. Must be at least 12 years of age. (Note: 12 yr old Adventure Rangers who attend JTC, must wait one year before they are eligible to attend additional Junior Camps.)

For **AJTC** you must:

1. Be an Adventure or Expedition Ranger.
2. Must have completed your 2nd yr Adventure or 1st yr Expedition Rangers
3. Must have 4 additional merits since you last attended a Junior Camp
4. Must be 13 years of age
5. Must have successfully completed JTC

Merit

Date completed

- (1) Camping _____
- (2) Basic First Aid _____
- (3) Tool Craft _____
- (4) Fire Craft _____

Merit

Date completed

- (5) Cooking _____
- (6) Rope Craft _____
- (7) Lashing _____
- (8) Compass _____

[Point of Interest: After completion of these 8 basic merits, you may be eligible to join the Frontiersman Camping Fellowship. Ask your commander, or call and talk to a MT District staff member.]

I have completed the required merits on the dates listed and have met all the above requirements. I know of no physical reason that would restrict me from participation in the Junior Camps activities and I am requesting permission to attend.

Ranger Participant Signature: _____ **date:** _____

JTC & AJTC Participants: List all additional merits or camps you have completed.

Merit and Date Completed

Cooking _____	Church _____	Bible _____
Rope Craft _____	Camp Safety _____	Primitive Snares _____
Lashing _____	Fishing _____	Primitive Shelters _____
Compass _____	Winter Camping _____	Wilderness Survival _____
Camp Safety _____	Swimming _____	Presidents _____
First Aid _____	Canoeing _____	Photography _____
Orienteering _____	Jr. LFTL _____	Indian Lore _____
Pioneer Lore _____	Light For Lost _____	Leather Craft _____
Knife and Hawk _____	Bible _____	Safety _____
Archery _____	Weather _____	Nature Study _____
Black Powder _____	Wildlife _____	Music _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{If you need more space you may attach a complete resume of merits completed and awards received from your GMA or Navigator records.}

Upcoming MT District Junior Camps (subject to change):

JWC- winter 2010 **JCE** - canoe July 2011 **JSC** - survival Aug 2012 **JTT**- trail Aug 2013

< < < Parent(s) Or Guardian to Complete This Section >
> >

FOR PARTICIPANT: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME _____ RELATIONSHIP _____

WORK PHONE _____ HOME PHONE _____ CELL PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ALTERNATE CONTACT IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME _____ RELATIONSHIP _____

WORK PHONE _____ HOME PHONE _____ CELL PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MEDICAL RECORD

For Montana District Training Camps

HEALTH HISTORY: To be completed by the applicants' parents, guardian or a physician. Please mark any of the following conditions that apply to this ranger participant. Briefly explain all marked items under "REMARKS".

- | | | |
|---|---|---|
| <input type="checkbox"/> Sinus condition | <input type="checkbox"/> Fainting or Dizzy Spells | <input type="checkbox"/> Medical Care within past year |
| <input type="checkbox"/> Ear Problem | <input type="checkbox"/> Skin infection | <input type="checkbox"/> Surgery within past year |
| <input type="checkbox"/> Lung Problem | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Any Disorder Preventing Strenuous Activity |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Bad Eyesight | <input type="checkbox"/> Taking Prescription Medication (please list) |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Wear Contacts | <input type="checkbox"/> Adverse Reaction to any Medication |
| <input type="checkbox"/> Allergy / Asthma | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Disease in past 3 weeks |
| <input type="checkbox"/> Hepatitis in past 6 mo | | <input type="checkbox"/> Exposed to Infection: (please list) |

If applicable: Physicians Signature: _____ Date: _____

Give Latest Date of Inoculation or Vaccination against the Following:

Tetanus _____	Small Pox _____	Measles _____
Typhoid _____	Diphtheria _____	Polio _____

REMARKS, AND MEDICAL FACTS WE SHOULD KNOW IN CASE OF AN EMERGENCY

If a medical condition warrants the use of medications, you must list the medications, their technical name, what condition they are being used to treat, how they are to be administered, frequency and attach a description of possible side effects and appropriate response to take should a reaction occur.

**You must provide your own medical insurance coverage.
You MUST attach a copy of your insurance card with application.
If your local church is covering you, please submit a written statement from your church along with your registration. No proof of medical coverage and signed medical release-NO CAMP!**

Any medical costs will be covered by _____ Phone _____
(Name of responsible insurance company)

Policy No. _____

I hereby certify that the above information in the 2 sections for Participant Completion and Parent or Guardian Completion is accurate and complete, and do hereby give my legal consent for my participant to attend this camp and to receive medical treatment should it be considered necessary by the Camp Coordinators. I also accept the responsibility for any medical treatment expense my participant may receive. I know of no physical reason that would restrict my Royal Ranger from participation in the Junior Camps activities. If you cannot freely agree with these statements, please do not request for your Ranger to participate in these camps and do not sign below.

Signature of Parents or Guardian:

_____ Date _____ Date _____

.....
< < < Senior Commander to Complete This Section > > >

As the Senior Commander for the above ranger participant, I am satisfied this participant is physically and emotionally ready for this camp. I have reviewed and verified the information listed above to be complete and accurate and that this participant has completed all the necessary requirements to attend this camp. As the Senior Commander for the above ranger participant, I do hereby recommend him for participation in this camp.

Senior Commander's Signature: _____ date: _____

JTC/AJTC NOTES & INFORMATION

All activities are to be concluded by Friday at 11:00 am so the attendees are available to assist their outpost camps for RMA. The patrol achieving the highest score will go to Judith Gap for milk shakes at a prearranged time, with their camp commander's permission.

Any participants who's RMA Commander has not arrived at Ranger Mountain by Friday at 12:00pm, is to remain with one of the Junior Camp Commanders until their outpost arrives.

Practices for graduation, sword ceremonies and honor guard for flags are to be conducted during the week. This will allow for the Jr. Camp participants to spend more time helping their outposts at RMA.

JTC and AJTC participants may be asked to help with camp inspections after receiving permission from their RMA Outpost Commanders.

Should any participant become ill, immediately prior to attending a camp, we ask that they refrain from attending. Safety and health are two of our biggest concerns.

Gear Checklist

- ___ Drinking mug
- ___ Matches
- ___ Mess Kits & utensils, sharp pocket knife. NO large knives.
- ___ Canteen or water bottle.
- ___ Trash Bags (2 large black bags)
- ___ Shampoo/Glycerin Bar Soap, Dial (environmentally friendly kind)
- ___ Towel
- ___ Toilet paper (sufficient for the week)
- ___ Sleeping Bag, Lightweight (ground mat or thin foam is optional, but sure is nice.)
- ___ Flashlight (extra batteries)
- ___ Compass, Sylva style for compass course (does not have to be an expensive one.)
- ___ Tent (small and light weight preferred)
- ___ Tarp (small 8X10)
- ___ T-shirts, long sleeve shirt/pants, sweat shirt and pants, warm jacket, tennis shoes, and footwear for hiking.
- ___ Socks and underwear (plus extras for the week)
- ___ Rain Gear, including Coat, Hat and Foot Gear
- ___ Bug Repellant (Skintastic, Off or Deep Woods, etc. with DEET (unless there are health considerations like allergies)
- ___ Watch sufficient to keep accurate time.
- ___ Back Pack sufficient to carry overnight gear, part of a tent, sleeping bag, rain gear, food, etc.
- * ___ Sunglasses
- * ___ Rope or string- approximately 20 feet (helps around camp and for clothes line)
- * ___ Pillow
- * ___ Camera/Film

* Optional items.

For any questions: Please call Tim Daniel at 406-388-1641- leave a message. Or e-mail timandsueews@msn.com.