

LOUISIANA BOYS ADVENTURE ACADEMY

Mail to: Royal Rangers, PO Box 7388, Alexandria, LA
71303-7388; e-mail: laroyalrangers@gmail.com

**June 27-July 1, 2011
Registration Form
(Please print or type)**



Camp Assignment: _____

PERSONAL INFORMATION	CHURCH INFORMATION
NAME: _____	CHURCH: _____
ADDRESS: _____	CHURCH STATE: _____ ZIP: _____
CITY: _____	CHURCH PHONE: () _____ - _____
STATE: ____, ZIP: _____, PH. () _____	OUTPOST NUMBER - IF CHARTERED: _____
BIRTH DATE: _____	PASTOR: _____
DISCOVERY ____, ADVENTURE ____, EXPEDITION ____, LTA ____	COMMANDER: _____

Registration Fee : \$145.00
After June 1: \$155.00

Credit Card use: Add \$7.00 for processing

(Includes camp shirt; camp cap or beret, hat patch; and camp specialty equipment)
(LTA college includes books, First aid, hat, and staff T-shirt, group camp-out gear)

☞ Circle SHIRT SIZE: Youth - 6-8, 10-12, 14-16 / Adult: S, M, L, XL, XXL, XXXL
☞ Circle HAT SIZE: Youth Cap Adult: S, M, L, XL

EXTRA T-SHIRTS: **\$ 15 .00 each** (may be ordered for the camp being attended: pay in advance)

A partial registration fee of \$75.00 must be sent with this form. The balance of the fees is due at camp registration time.
Complete all requested information. (See Reverse side) Online registrations must add credit card fee.

	Fees sent with registration:	Office Use	Camp Use Only
Please check the appropriate boxes and write the total fees sent.	Pre-registration fee: \$75.00 <input type="checkbox"/>	Date received ____/____/____	CAMP FEES DUE \$ _____
	Credit Card process fee \$7.00 <input type="checkbox"/>	Check/MO# _____	LATE FEES DUE \$ _____
	Total Camp fee:	Amt. received \$ _____	CORRECTION FEE \$ _____
	\$145 includes shirt & hat <input type="checkbox"/>	Received by: _____	TOTAL DUE: \$ _____
	\$155 after June 1 <input type="checkbox"/>	Credit Process date: _____	
	# ____ extra Camp T-shirts <input type="checkbox"/>		
	@ \$15.00 each		
	Other: _____ \$ _____		
TOTAL FEES SENT: \$ _____			
Visa <input type="checkbox"/> Master Card <input type="checkbox"/> # Exp Date _____			
Security code on back: _____			

An equipment supply list is available from your outpost or district web site. All applicants are accepted unless specifically notified. Inquiries about registration status may be directed to Louisiana Royal Rangers: (318) 445-6238 laroyalrangers@gmail.com Additional information about Academy is posted at www.larr.org

Camps/Team/Corps are assigned according to the age and requirements indicated on the reverse side of this form which should be completed by the outpost commander or parent/guardian. They must sign and approve the information marked on the back.

Except for Pathfinders, a boy does not have to attend any previous camp/corps. Pathfinders must already know rappelling.

**Campers must arrive no later than 10:00 a.m. Monday and depart by 11:00 a.m. Friday.
Early drop-off Sunday may be arranged for extra fees.**

I understand that for the safety and protection of the registered participants that this camp is a closed campus – no visitor event. Any guest must be pre-approved to come on campus. I have read the parent's letter for this Academy.

Parent our guardian

Academy Camp/Corps

Assignment information sheet for: _____

(Name of Camper)

MAKE SURE THE INFORMATION ON THE FRONT CAN BE UNDERSTOOD SO IT CAN BE PLACED ON THE COMPUTER RECORDS ACCURATELY:

OUTPOST COMMANDER or PARENT **MUST** SIGN TO VERIFY: _____

(Commander/parent Signature)

REGISTRATION FOR THE **LEADERSHIP TRAINING ACADEMY (Adults): CHECK HERE:** _____
Ranger Basics, Ranger Essentials, Required Modules, First Aid Course, and group camping gear provided with the \$135 fee for LTA) Bring personal camping gear listed on the equipment list. Tent overnight camping is part of the training.

HOW OLD WILL THE APPLICANT BE ON **JULY 30?** _____

HAS THE APPLICANT ALREADY COMPLETED? (check **ALL** that apply)

BRONZE MEDAL ___ SILVER MEDAL ___ GMA ___

COMMANDER/PARENT: LIST CAMP OR CORPS THAT **YOU ARE RECOMMENDING THE APPLICANT TO BE ASSIGNED:** Must be camp age by July 30.

- | | | |
|-----------------------|--|-------|
| 8 yr. old camp | Super Falcons | _____ |
| 9 yr. old camp | A Team | _____ |
| 10 yr. old camp | Lightning Bolts | _____ |
| 11 yr. old camp | Pioneer Leaders Training Camp | _____ |
| 12 yr. old camp | Frontier Brigade | _____ |
| 13 yr. old Corps | Ranger (Junior) Leadership Training Camp | _____ |
| 14 yr. old Corps | Elite Corps | _____ |
| 15 yr. old Corps | Survival Training Trails | _____ |
| 13 or 15 yr. old Team | M.A.T.T. Team (New 2011 group) | _____ |
| 16 yr. old Corps | Special Forces | _____ |
| 17 yr. old Corps | Pathfinders | _____ |
| Adults 18 or older | Leadership Training Academy | _____ |

(Note: the Boy **MUST** be the minimum age required to attend the camp or Corps:

He may attend a camp for those younger (two years maximum) than his age.

Special Needs Boys will be considered on an individual basis – usually at school grade level

REMEMBER: ANY CHANGES MADE DUE TO INACCURATE INFORMATION WILL BE CHARGED A \$5.00 CORRECTION FEE PRIOR TO STARTING CAMP MONDAY!

Academy Leaders School CD is required for all leaders and support personnel to be an Academy staff member. Contact the state office to receive your CD.

HEALTH HISTORY AND INSURANCE INFORMATION

This form should be filled out by the parent or guardian. Answer “yes” or “no” to all of the following. Briefly explain all “yes” answers under the “REMARKS AND MEDICAL FACTS”

REMARKS AND MEDICAL FACTS

- | | |
|--|-------|
| <input type="checkbox"/> sinus condition | _____ |
| <input type="checkbox"/> ear problem (tubes, etc.) | _____ |
| <input type="checkbox"/> lung problem | _____ |
| <input type="checkbox"/> heart problem | _____ |
| <input type="checkbox"/> blood pressure problem | _____ |
| <input type="checkbox"/> allergy or asthma | _____ |
| <input type="checkbox"/> fainting or dizzy spells | _____ |
| <input type="checkbox"/> shortness of breath | _____ |
| <input type="checkbox"/> skin or staff infection | _____ |
| <input type="checkbox"/> hearing difficulty | _____ |
| <input type="checkbox"/> bad eyesight | _____ |
| <input type="checkbox"/> wears contact lenses | _____ |
| <input type="checkbox"/> medical care in past year | _____ |
| <input type="checkbox"/> surgery within past year | _____ |
| <input type="checkbox"/> hepatitis, TB, or other communicable disease | _____ |
| <input type="checkbox"/> exposure to infections within last three weeks | _____ |
| <input type="checkbox"/> disorder preventing strenuous activity | _____ |
| <input type="checkbox"/> taking prescription medications or drugs | _____ |
| <input type="checkbox"/> any reaction to drugs or medications: list type | _____ |
| <input type="checkbox"/> any special diet requirements | _____ |
| <input type="checkbox"/> any physical limitations needing special attention | _____ |

LAST KNOWN DATE OF INOCULATION OR VACCINATION AGAINST:

TETANUS	SMALL POX	MEASLES	TYPHOID	DIPHThERIA	POLIO	T B

INSURANCE PROVIDER INFORMATION:

Accident insurance company: _____
 Policy # _____

The Camper accident insurance policy provided by the camp is an “**Excess Coverage Policy**” subject to the primary coverage that may be carried by the camper’s family. List above any insurance policy the camper already has.

List any restrictions from full activities at this event:

REMARKS:
