

# Louisiana Boys Adventure Academy 2010 Staff Registration Form

APPLICANT INFORMATION	CHURCH/OUTPOST INFORMATION
NAME: _____	CHURCH NAME: _____
ADDRESS: _____	OUTPOST # _____
CITY: _____	ADDRESS: _____
STATE: _____ ZIP: _____	CITY: _____
PHONE: (____) _____	STATE: _____ ZIP: _____
BIRTH DATE: _____ AGE: _____	<b>PASTOR'S SIGNATURE OF APPROVAL FOR A WORKER WITH MINORS: <i>required</i></b>  _____ PASTOR I have already consented to a background check which has been done by my local church _____ _____ Signature of applicant Year completed Leadership Training or Ranger Basics: _____ Year completed Academy Staff (Leaders) School: _____  CHARTERED OUTPOST? YES: _____; NO: _____
e-mail: _____@_____	
DATE: _____ SS # _____	
<b>CIRCLE : HAT SIZE: S M L XL _____</b>	
<b>SHIRT SIZE: M L XL XXL XXXL _____ (CIRCLE YOUR SIZE )</b>	

List the Camp or Corps group you prefer to teach: \_\_\_\_\_

List any merits, hobbies, or skills you can teach: \_\_\_\_\_

**COST: (Includes one staff T-shirt, fatigue cap, meals, lodging, and accident insurance)**  
 (Fee is required even if not requesting shirt or cap) **\$30.00**  
**Add \$10 if district does criminal background check** **\$ \_\_\_\_\_**  
 Permission to conduct a background check granted by applicant: \_\_\_\_\_  
 To provide better safety for our campers all workers with minors will have a background check: (Signature of applicant)

**Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Card type:** \_\_ visa, \_\_ MC

**3 digit # on back of visa/mastercard:** \_\_\_\_\_ **Name on Credit Card:** \_\_\_\_\_

**(Add \$5.00 if using a credit card)** \$ \_\_\_\_\_

**Extra Executive Staff polo shirt:** # \_\_\_\_\_ X \$20.00 = \$ \_\_\_\_\_

**Extra Camps/Corps Leaders T shirt:** # \_\_\_\_\_ X \$12.00 = \$ \_\_\_\_\_  
 check one: **Corps** - RLTC: \_\_\_\_\_, ELITE: \_\_\_\_\_, STT: \_\_\_\_\_, SF: \_\_\_\_\_, PF: \_\_\_\_\_  
**Adventure Camps** - Super Falcons: \_\_\_\_\_, A-Team: \_\_\_\_\_, Lightning Bolts: \_\_\_\_\_, PLTC: \_\_\_\_\_, FB: \_\_\_\_\_

**TOTAL SENT WITH THIS APPLICATION:** ..... **\$ \_\_\_\_\_**

Send to Louisiana Royal Rangers: P.O. Box 7388, Alexandria, LA 71303-7388; FAX (318) 473-9344  
 e-mail: [laroyalrangers@gmail.com](mailto:laroyalrangers@gmail.com) Complete Health History on next page

# MEDICAL/HEALTH HISTORY \_\_\_\_\_

(name)

(Write YES or NO to all categories below)

heart problems		lung problems	
asthma problems		diabetes (taking medication)	
ear problems		diabetes (special diet)	
blood pressure problems		sinus infection problems	
restricted activity		fainting or dizziness spells	
shortness of breath		staph or skin infection	
hearing problems		poor eyesight: _____	
surgery in past year		under doctor's care:	
Allergies – describe below:		special diet requirements:	
allergies to medication: list		_____	
>>>>>>>>		_____	

Comments:

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Any Special Diet requirements:

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Describe allergies and recommended action in case of an emergency:

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The activities taking place at Academy are intense and usually outdoors. You must be able to be active outdoors and withstand the summer conditions prevailing in central Louisiana. If you have any restrictions, please let us know with this application:

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We recommend that you prepare by conditioning your body to be outdoors and by doing physical exercise commensurate with the duties you will be asked to perform.

Also, condition your spirit by prayer and fasting for the power of the Spirit of God to be released upon the camp so that we may see mighty strongholds of darkness pulled down by the most-high powerful Lord God. Enlist others to be praying with you while Academy is taking place.

Thank you for your willingness to serve.  
You will find it is more blessed to give than receive.