



SPANISH EASTERN DISTRICT JUNIOR LEADERSHIP DEVELOPMENT ACADEMY

CAMP MAHANAIM 250 OLD WHITE LAKE TURNPIKE, SWAN LAKE, NY, 12793



MAY 24-27
\$150.00*



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\$150.00*



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\$150.00*



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\$150.00*

*\$125.00 EARLY REGISTRATION PRICE IF PAID BY MARCH 17, 2019 | \$175 IF PAID BY APRIL 28, 2019

PLEASE BE SURE TO CHECK THE PREREQUISITES BEFORE YOU SIGN UP, AND THEN MAKE SURE THAT A PARENT OR GUARDIAN FILLS OUT THE REGISTRATION FORM COMPLETELY.



PLEASE WRITE NEATLY

OFFICE USE ONLY	
DATE REC'D:	_____
AMT REC'D:	_____
AMT OWED:	_____

IN CASE OF EMERGENCY CONTACT: _____ **PHONE ()** _____ - _____

NAME: _____ **GRADE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE:() _____ - _____ **EMAIL:** _____ @ _____ .

CHURCH NAME: _____ **OUTPOST #:** _____

CHECK HERE IF THERE IS A **SERIOUS** MEDICAL CONDITION LISTED ON THE MEDICAL FORM

CURRENTLY CHARTED?

_____ **SHIRT AND SWEATER SIZE**

I _____ **OUTPOST COORDINATOR OF THE OUTPOST, CONFIRM THAT THE APPLICANT HAS COMPLETED THE REQUIREMENTS TO ATTEND THIS CAMP. BOTH MYSELF AND THE LOCAL PASTOR _____ ARE AWARE OF HIS PLANS TO ATTEND THIS CAMP.**



HOW TO SUBMIT YOUR APPLICATION

APPLICATION DEADLINE: APRIL 28, 2019*

FIRST: REGISTER ONLINE AT WWW.SEDRR.COM/EVENTS
SECOND: SUBMIT THIS COMPLETED FORM TO TRAINING@SEDRR.COM

THERE WILL BE NO WALK-IN REGISTRATIONS ACCEPTED FOR ANY OF THESE CAMPS. PLEASE BE SURE TO SUBMIT YOUR APPLICATION BY APRIL 28, 2019 TO SECURE A SPOT AT OUR JLDA.
PLEASE NOTE - THERE WILL BE A \$50 FEE IMPOSED TO THOSE APPLICANTS THAT CANCEL AFTER REGISTERING

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"EVANGELIZE, EQUIP, AND EMPOWER THE NEXT GENERATION OF CHRIST-LIKE MEN AND LIFELONG SERVANT LEADERS"





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EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN, AND MUST ACCOMPANY YOUR SON TO THE JUNIOR LEADERSHIP TRAINING ACADEMY. THE PURPOSE OF THIS FORM IS TO MAKE IT POSSIBLE FOR PARENTS OR GUARDIANS TO AUTHORIZE EMERGENCY TREATMENT FOR _____ WHO MAY BECOME ILL OR INJURED. YOU CAN AUTHORIZE SUCH TREATMENT FOR YOUR SON BY COMPLETING THIS FORM:

I _____ PARENT/GUARDIAN OF _____ DO HEREBY GIVE MY CONSENT, IN THE EVENT THE ADMINISTRATION OF ANY TREATMENT IS DEEMED NECESSARY BY LICENSED PHYSICIANS, DENTIST OR EMERGENCY PERSONNEL.

HOME PHONE () _____ = _____ CELL PHONE () _____ - _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE () _____ - _____

APPLICANT'S MEDICAL HISTORY

MEDICAL PROBLEMS: _____

ALLERGIES: _____

SPECIFY ANY MEDICATIONS THAT MUST BE ADMINISTERED: _____

DATE OF LAST TETNUS SHOT: _____



CHURCH AND PARENT/GUARDIAN CONSENT RELEASE

PARENT/GUARDIAN RELEASE

I HEREBY AUTHORIZE _____ TO ATTEND THE SED JUNIOR TRAINING LEADERSHIP ACADEMY. I UNDERSTAND APPROPRIATE AND ADEQUATE PRECAUTIONS FOR SAFETY OF SAID APPLICANT WILL BE TAKEN. I WILL NOT HOLD THE LOCAL CHURCH, IT'S LEADERS, OR THE SPANISH EASTERN DISTRICT COUNCIL, INC OF THE ASSEMBLIES OF GOD RESPONSIBLE FOR ANY ACCIDENTS. I UNDERSTAND THAT THE SPANISH EASTERN DISTRICT ROYAL RANGERS WILL PROVIDE TRAINED FIRST AID PERSONNEL ON DUTY AT ALL TIMES. I HEREBY ALSO GRANT THE SPANISH DISTRICT ROYAL RANGERS, THE RIGHT AND PERMISSION TO COPYRIGHT AND/OR USE, RE-USE, PUBLISH, AND/OR RE-PUBLISH PHOTOGRAPHIC IMAGES OR PICTURES OF THE INDIVIDUAL NAMED ABOVE TAKEN DURING THE J.L.T.A FOR ADVERTISING/PROMOTIONAL PURPOSES.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____ DATE: / /

CHURCH/OUTPOST RELEASE

OUTPOST COORDINATOR SIGNATURE: _____ DATE: / /

SENIOR PASTOR SIGNATURE: _____ DATE: / /

