



National Leadership Initiative Camp

Application

PLEASE PRINT MAILING ADDRESS

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE [] _____

PHONE [] _____

OCCUPATION _____ AGE _____

RELATIONSHIP _____

DISTRICT _____ ROYAL RANGERS POSITION _____ OUTPOST # _____

NATIONAL TRAINING CAMP IS NOT A PREREQUISITE

CAMP, DATE, AND LOCATION

[]

MISSOURI

Eagle Rock, MO

May 14-17

1992

MEDICAL EXAMINATION

You must be in good health in order to participate in the strenuous activities of the training camp. Therefore, it is required that you have a physical examination. After the examination please sign the following statement: **"After consultation with my physician, I know of no physical reason that would restrict me from participating in camp activities."**

[Signature].

Medical facts we should know in case of emergency: _____

REGISTRATION FEES

Because of the limited size and the advanced cost of setting up these camps, a **\$40 preregistration fee** must accompany this application. This will be applied toward the total, which will be approximately **\$95**. If, for any reason, you are not able to attend, you must notify the national Royal Rangers Office **three weeks** prior to the camp to receive a refund (minus a **\$10 clerical fee**). **CANCELLATION after this date is nonrefundable**. In the event of low enrollment, the events are subject to cancellation and total refund. Cancellation will be made **three weeks** prior to the event. Please submit your application as early as possible.

MAIL FORM TO: **Royal Rangers Office, 1445 Boonville, Springfield, MO 65802**
CREDIT TO LEDGER: **001-01-031-4001-000**

MEDICAL RECORD
National Royal Rangers Training Camps

GENERAL INFORMATION: A physical examination by a physician is required for enrollment in camp. Persons arriving at a camp without having had a physical examination will be required to have such an examination at personal expense by a local physician. This form is to be completed and mailed in with the camp application. The National RR Office has the prerogative to accept or reject any person, based upon his medical health.

HEALTH HISTORY	To be completed by the applicant and/or the physician. Answer YES or NO to the following and briefly explain all yes answers under "REMARKS".		
Sinus Condition	Shortness of Breath	Exposed to Infections:	
Ear Problem	Skin Infection	(A) Disease Past Three Weeks	
Lung Problem	Hearing Difficulty	(B) Hepatitis Past Six Months	
Heart Trouble	Bad Eyesight	Any Disorder Preventing	
High Blood Pressure	Do You Wear Contact Lenses	Strenuous Activity	
Allergy - Asthma	Any Medical Care Within	Taking Prescription Medicine	
Fainting or Dizzy Spells	Past Year	Any Reaction to Drugs or	
	Any Surgery Within Past Yr	Medication of Any Type	

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

Give Latest Date of Innoculation or Vaccination Against Following	Tetanus	Small Pox	Measles	Typhoid	Diphtheria
NAME and Address of Person to Notify in an Emergency					Area Code & Phone No.

I know of No Physical Reason That Would Restrict Me From Participation in Camp Activities.
Signature _____ Date _____ 19____.

PHYSICAL EXAMINATION	Physician, Please Note: Trainees enrolled in outdoor activities are exposed to strenuous physical activity. Therefore, the applicant must be physically sound and strong enough to engage in such activity.					
Print Applicant's Name		Examination Date	Birth Date	Height	Weight	Occupation
BRIEFLY INDICATE CONDITION	HEART	LUNGS	THROAT	EARS		
	EYES	SKIN	HERNIA	BLOOD PRESSURE		
In Your Opinion Is The Applicant Physically Capable To Take Training Yes _____ No _____						
REMARKS						
Physician's Name (Print)				Physician's Signature		
Physician's Address				Area Code and Phone No.		