

EAGLE ROCK ADVENTURE

(Camper Application)

July 19-25, 1992

MINIMUM AGE 12 YEARS OLD

Space at camp is limited to 100 campers, and is on a first come, first served basis.

CAMPER INFORMATION

Name: _____ Goes by: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of birth: _____ Age: _____ Height: _____ Weight: _____
Church: _____ City: _____
RR Commander: _____ Phone: (_____)

PARENT INFORMATION

Mothers Name: _____ Phone (_____)
Address: _____
City: _____ State: _____ Zip _____
Fathers Name: _____ Phone: (_____)
Address: _____
City: _____ State: _____ Zip: _____

PARENT AUTHORIZATION

I understand that there is a certain degree of risk and possible injury by reason of the high adventure activities at this camp. In the event that I cannot be reached in an emergency, I hereby give permission to the physician and hospital chosen by the camp, to administer proper treatment for my child in case of illness or emergency.

(Signature) (Date)

PHYSICAL EXAMINATION

A complete and current physical examination describing your child's medical history, physical health, and/or limitations must be sent to the national office prior to camp. Medical forms and other information will be sent to you upon receipt of this application.

REGISTRATION FEE

Total camp fee is \$100 with \$50 due with this application. Refund will be given in certain circumstances less \$10 processing fee. In the event of low enrollment, these events are subject to cancellation and total refund. Cancellation will be made three weeks prior to the event.

MAIL TO: Royal Rangers, 1445 Boonville Avenue, Springfield, MO 65802