

**KENTUCKY
BACKPACKING
ACTION CAMP**



*Big South Fork
National Recreation Area*
2023

**KENTUCKY
BACKPACKING
ACTION CAMP**

August 3rd - August 6th
REGISTRATION
PACKET



THURSDAY August 3rd

5:00pm - 7:00pm

Arrival at Church of the Savior
11301 Brannon Rd.

Nicholasville, KY 40356

*Please arrive having eaten dinner already

7:00pm - 9:00pm

BAC Session I: Camp Overview and Introductions

BAC Session II: Backcountry Preparation and Planning

9:00pm - 9:30pm

Devotion and Prayer Time

10:00pm

Lights Out

FRIDAY August 4th

6:00am - 7:00am

Pack and Eat Breakfast & Devotion

7:00am - 10:00am

CARAVAN LEAVING: If you are late, you will not go.

BAC Session III: Wilderness Safety and First Aid

BAC Session IV: Choosing a Campsite

Arrive @ Leatherwood Ford

Leatherwood Rd, Oneida, TN 3784

10:00pm - 12:00pm

Hiking on John Muir Trail Approx. 3.0
Miles to Lunch Break

12:00pm - 1:00pm

Lunch on Trail

1:00pm - 5:00pm

Hike 5.0 Miles on John Muir Trail and Grand Gap
Trail (West) to Campsite @ Creek Crossing

5:00pm - 6:00pm

Setup Camp

6:00pm - 7:00pm

BAC Session V: Backcountry Cooking
Dinner

7:00pm - 8:00pm

Free Time

8:00pm - 9:00pm

Devotion and Prayer

9:00pm

Lights Out

SCHEDULE: Day 1 & 2



SATURDAY August 5th

6:00am - 8:00am	Breakfast and Break Camp, Devotion
8:00am - 12:00pm	Hike Approx. 5.0 Miles on The John Muir Trail BAC Session VI: Orienteering and Compass
12:00pm - 1:00pm	Lunch on Trail
1:00pm - 5:00pm	Turn SouthWest to Laurel Fork Creek Trail for 3 Miles to Creek Crossing/ Campsite BAC Session VII: Water Purification BAC Session VIII: Backcountry Survival
5:00pm - 7:00pm	Dinner
7:00pm - 8:00pm	Free Time
8:00pm - 9:00pm	Devotion and Prayer
9:00pm	Lights Out

SUNDAY August 6th

6:00am - 7:00am	Pack and Eat Breakfast, Devotion
7:00am - 12:00pm	Hike Approximately .9 Miles on Laurel Fork Creek Tr. to Creek Crossing. Then Southeast on Jacks Ridge Loop Connector .4 Miles. Take Jack's Ridge Loop .7 Miles to PICKUP @ Duncan Hollow Bypass.
12:00pm - 1:00pm	Drive to City of Onieda for Lunch
1:00pm - 2:00pm	Lunch
2:00pm - 4:30pm	Drive back to Church of the Savior. Parents will be contacted when group is 1 hour from Lexington, Etimated ETA 4:30pm.



Please Print
Name (Boy) _____ Grade/Age _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Outpost # _____ Church _____

Commander _____ Attendee T-Shirt Size _____

<u>Cost</u>	<u>Registration Postmark Deadline</u>
\$100.00	July 14th 2023

Make Checks Payable to:
KENTUCKY DISTRICT ROYAL RANGERS

Mail Form and check to:
TYLER LEMARINEL
43 CREEKWOOD CT.
FRANKLIN, TN 37064

Checklist:

- \$100.00 Check
- Registration Form
- Medical Release Form
- Medical Record Form
- Photograph Release Form

REGISTRATION



Shelter:

- Tent and Fly (2-person, free standing dome)

Sleeping:

- Sleeping bag (lightweight, small)
- Compression sack for sleeping bag
- Sleeping pad (closed cell foam, Thermarest)
- Pillow - inflatable, stuffable

Cooking:

- **Stove (white gas)
- **Extra fuel bottle
- **Extra fuel (4oz. per person, per day)
- Matches (Strike anywhere)
- Spoon (made of Polycarbonate)
- Small pocket knife
- **2 Quart pot

Water:

- **Water Purifier
- **Extra filter
- Two (or more) 1 Quart Nalgene water bottles

Food:

- Light Weight, Single Serving Snacks

Clothing:

- Hiking boots (mid to heavy duty)
- Camp shoes (moccasins, sandals)
- Heavy hiking socks (2)
- Underwear (3)
- 1 Shorts (loose fit, avoid cotton)
- 1 long pants (loose fit, avoid cotton/denim)
- 2 T-shirts (cotton, Royal Rangers)
- Lightweight fleece jacket
- Light Rain Jacket
- Hat

Toiletry:

- Toothbrush and toothpaste
- Toilet paper and/or baby wipes in zip-lock bag
- **Hand shovel
- Small bar of soap (biodegradeable)
- Wash cloth and small towel
- Lip balm
- Sunblock

Miscellaneous:

- Sunglasses (Optional)
- Camera
- Small flashlight, Extra Batteries
- Compass/ Silva Style
- Backpack (Large, >2000 Cu. In.)
- Pen
- Small bible
- Insect repellent
- Large Garbage Bags (2)
- Small garbage bags
- **Map(s)
- 25 feet of cord
- Stuffsacks

**NOTE: SOME ITEMS MAY BE SHARED AMONGST THE GROUP. IF YOU ARE UNABLE TO PROVIDE ALL ITEMS, PLEASE CONTACT THE CAMP COORDINATOR, TYLER LEMARINEL @ 615.339.5876 TO BORROW ITEMS.



NAME _____ ADDRESS _____

CITY _____ ZIP _____ CHURCH _____

OUTPOST NUMBER _____ COMMANDER _____

AGE _____ PARENT(S) NAME _____

(Check) Leader _____ Discovery _____ Adventure _____ Expedition _____

PARENT RELEASE TO ATTEND ACADEMY

I hereby authorize _____ (ranger's name) to accompany the Royal Rangers to the Kentucky Training Academy Camp. I understand the arrangements and feel that adequate precautions for the safety of my child have been made and will continue to be taken. I will not hold the local church, its leaders, the Kentucky District Kentucky Training Academy Camp staff, or the Kentucky District Council of the Assemblies of God responsible for accidents. I understand that my personal insurance will be the primary carrier in case of an emergency needing professional care. The Kentucky District Council of the Assemblies of God will be responsible where individuals may not have coverage. I understand that a First Aid Station will be on the site with a qualified person on duty.

_____ Insurance Carrier Name _____ Signature of Parent or Guardian _____ Date

PHYSICIAN'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The purpose of this section is for parents or guardians to authorize emergency treatment for their child in case of illness or injury while in the custody of Rangers attending Kentucky Training Academy. This section must be completed and signed to provide for emergency care.

I, _____ from _____ the
 (Parent or Guardian's Name) (Address)

_____ of _____, a minor who is attending
 (Parent or Legal Guardian) (Child's Name)

Kentucky Training Academy, do give consent beforehand, in the event that all reasonable attempts to contact me at

() or _____ at ()
 (Phone Number) (Alternate Consenting Adult)

have been unsuccessful for the administration of any treatment necessary by a licensed physician or dentist

_____ (Parent or Guardian Signature) _____ (Date)

MEDICAL RELEASE



This medical record must be completed for each and everyone attending JLTA (Men and Boys). ALL ATTACHED FORMS MUST BE RETURNED WITH REGISTRATION FEE TO RESERVE YOUR PLACE. SPACE IS LIMITED AND THERE IS NO GUARANTEE OF ACCEPTANCE.

Check one

Name _____ Boy Adult

Outpost # _____ Church Name _____

Answer Yes or No to the following. Explain all Yes answers under Remarks below.

- | | |
|-----------------------------------|--------------------------------------|
| 1. _____ Sinus condition | 8. _____ Shortness of breath |
| 2. _____ Ear problems | 9. _____ Skin infection |
| 3. _____ Lung problems | 10. _____ Hearing difficulty |
| 4. _____ High blood pressure | 11. _____ Bad eyesight |
| 5. _____ Allergy or asthma | 12. _____ Wear contact lenses |
| 6. _____ Heart problems | 13. _____ Any medical care this year |
| 7. _____ Fainting or dizzy spells | 14. _____ Any surgery this year |
15. _____ Have you been exposed to any disease in the last three weeks?
 16. _____ Have you been exposed to hepatitis in the past 6 months?
 17. _____ Do you have any disorder preventing strenuous activity?
 18. _____ Are you taking any prescription medication?
 19. _____ Any known reactions to drugs or medication of any type?

Are you up- to-date for inoculations and/or vaccinations for: Yes or No for each

_____ Tetanus _____ Small pox _____ Measles
 _____ Typhoid _____ Diphtheria _____ Polio

REMARKS: Begin with the Item #, then comment. Example: #11- Eyeglasses required.

I understand that the Royal Rangers Ministry, staff, leaders, and volunteers will not be responsible for any medical expenses incurred, but such expense will be my responsibility as parent / legal guardian.

Print name of _____

Signature of Parent / Legal Guardian _____

Parent / Legal Guardian _____

MEDICAL RECORD



I hereby authorize Kentucky District Royal Rangers, hereafter referred to as "Kentucky District Royal Rangers," to publish photographs taken on the dates in the registration form above, of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Kentucky District Royal Rangers' print, online and video-based marketing materials, as well as other Kentucky District Royal Ranger publications.

I hereby release and hold harmless Kentucky District Royal Rangers from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Kentucky District Royal Rangers to use their likenesses and names.

I further acknowledge that participation is voluntary and that I, the minor child, or minor children will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Royal Ranger marketing materials or other Royal Ranger publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Kentucky District Royal Rangers, its contractors, its employees and any third parties involved in the creation or publication of Kentucky District Royal Ranger publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Children: _____

Name of Minor Child:

Name: _____ Age: _____

PHOTO RELEASE