

Red River Gorge Daniel Boone National Forest

2025

KERTICK SKING BACKING CAMP

July 25th - July 27th REGISTRATION PACKET



Setup Camp

4:00pm - 5:00pm

Free Time: Swim Etc.

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 3

SUNDAY July 27th

7:00am - 8:00am

Breakfast and Break Camp, Devotion

8:00am - 11:00pm

Hike Approx. 2.5 Miles on TR-220 to Switchback

BAC Session VI: Orienteering and Compass

12:00pm - 2:00pm

Day Hike to Waterfall for Swim

Lunch on Trail

2:00pm - 3:00pm

Hike 1 Mile out to Koomer's Ridge Campground

3:00pm - 3:30pm

Graduation and Closing Remark



Please Print Name (Boy)		Grade/Age	2025
Address			
City		State Zip	
Home Phone ()	Cell Phone ()	
Outpost #	Church		
Commander		Attendee T-Shirt Size	
	<u>Cost</u>	Registration Postmark Deadline	
	\$85.00	June 27th 2025	

Make Checks Payable to:
KENTUCKY DISTRICT ROYAL RANGERS

Use ONLINE REGISTRATION IF POSSIBLE or Mail Forms and check to:
TYLER LEMARINEL
43 CREEKWOOD CT.
FRANKLIN, TN 37064

Checklist:

Ш	\$85.00 Check
	Registration Form
	Medical Release Form
	Medical Record Form
	Photograph Release Form

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
- 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 shove!
- Small bar of soap (biodegradeable)
- Wash cloth and small towel
- Lip balm
- Sunblock



Miscellaneous:

- Sunglasses (Optional)
- Camera
- Small flashlight, Extra Batteries
- ☑ Compass/ Šilva Style
- Backpack (Large, >2000 Cu. In.)
- M Pen
- Small bible
- Insect repellant
- Large Garbage Bags (2)
- Small garbage bags
- 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	S	
CITY		ZIP	CHURCH	
OUTPOST NUMBER	CC	MMANDER		
AGE PAREI	NT(S) NAME			
(Check) Leader	Discovery	Adventure	Expedition	
	PARENT RELE	EASE TO ATTEND .	ACADEMY_	
accompany the Royal ments and feel that act to be taken. I will not he Camp staff, or the Ken understand that my perform that individuals may not ha fied person on duty.	lequate precautions old the local church, tucky District Counci ersonal insurance wil Kentucky District Co	for the safety of my its leaders, the Keni il of the Assemblies I be the primary car juncil of the Assemb	child have been m tucky District Kentu of God responsible rier in case of an e olies of God will be	ade and will continue cky Training Academy e for accidents. I mergency needing responsible where
Insurance Carrie <u>PHYSICIA</u>	r Name Signa	ature of Parent or FOR EMERGENCY		Date ENT
The purpose of this sec in case of illness or injur section must be comple	y while in the custoc	ly of Rangers attend	ling Kentucky Train	
l,(Parent or Guardi	from _		(* 1.1. \)	the
(Parent or Guardi	of	(Child's Name	(Address) , a mir ()	nor who is attending
Kentucky Training Acad to contact me at	emy, do give conser	nt beforehand, in the	e event that all reas	onable attempts
() (Phone Number)	or (Alterna	ate Consenting Adu	at (<u>)</u>	
have been unsuccessful physician or dentist		_		nsed
(Doront or Cu	ardian Signature)		(Date)	



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
Outpoot #	Church Name			
Outpost #				
Answer Yes or No t	o the following. Explai	n all Yes answers	under Remarks be	low.
2. Ea 3. Lu 4. Hi 5. All 6. He	nus condition ar problems ung problems gh blood pressure lergy or asthma eart problems ainting or dizzy spells	8 9 10 11 12 13 14.	Shortness of breading Skin infection Hearing difficulty Bad eyesight Wear contact let Any medical car Any surgery this	y nses re this year
16. Ha 17. Do 18. Ar 19. Ar	ave your been exposed to ave you been exposed to be you have any disorder p be you taking any prescrip my known reactions to dru or inoculations and/or va	p hepatitis in the pa preventing strenuo otion medication? ugs or medication	ast 6 months? Pus activity? of any type?	?
	noid	Small pox Diphtheria		Measles Polio
REMARKS: Begin w	ith the Item #, then comr	ment. Example: #	‡11- Eyeglasses requ	uired.
	oyal Rangers Ministry, staff, incurred, but such expense		·	
Signature of Parent	/ Legal Guardian			
	Legal Guardian			



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: