



# KENTUCKY BACKPACKING ACTION CAMP

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July 24<sup>th</sup> – July 27<sup>th</sup>  
REGISTRATION  
PACKET



## THURSDAY July 24th

- |                 |   |
|-----------------|---|
| 5:00pm - 7:00pm | Arrival at Church of the Savior<br>11301 Brannon Rd.<br>Nicholasville, KY 40356<br>*Please arrive having eaten dinner already |
| 7:00pm - 9:00pm | BAC Session I: Camp Overview and Introductions<br>BAC Session II: Backcountry Preparation and Planning                        |
| 9:00pm - 9:30pm | Devotion and Prayer Time  |
| 10:00pm         | Lights Out  |

## FRIDAY July 25th

- |                   |   |
|-------------------|---|
| 6:00am - 7:00am   | Pack and Eat Breakfast & Devotion   |
| 7:00am - 10:00am  | CARAVAN LEAVING: If you are late, you will not go.<br>BAC Session III: Wilderness Safety and First Aid<br>BAC Session IV: Choosing a Campsite<br>Arrive @ Leatherwood Ford<br>Leatherwood Rd, Oneida, TN 3784 |
| 10:00pm - 12:00pm | Hiking in Red River Gorge<br>Miles to Lunch Break   |
| 12:00pm - 1:00pm  | Lunch on Trail  |
| 1:00pm - 5:00pm   | Hike 5.0 Miles in Red River Gorge   |
| 5:00pm - 6:00pm   | Setup Camp  |
| 6:00pm - 7:00pm   | BAC Session V: Backcountry Cooking<br>Dinner  |
| 7:00pm - 8:00pm   | Free Time   |
| 8:00pm - 9:00pm   | Devotion and Prayer   |
| 9:00pm            | Lights Out  |



## SATURDAY July 26th

- 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 Continue hike in Red River Gorge  
For approximately 3 Miles  
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 July 27th

- 6:00am - 7:00am Pack and Eat Breakfast, Devotion
- 7:00am - 12:00pm Hike Approximately 1 mile more in Red River Gorge
- 12:00pm - 1:00pm Travel to location 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/Adult) \_\_\_\_\_ Grade/Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Outpost # \_\_\_\_\_ Church \_\_\_\_\_

Commander \_\_\_\_\_ Attendee T-Shirt Size \_\_\_\_\_

Cost for each attendee

**\$85.00**

Registration Postmark Deadline

**June 14th 2025**

Make Checks Payable to:  
KENTUCKY DISTRICT ROYAL RANGERS

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

Checklist:

- ☐ \$85.00 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 repellant  
Large Garbage Bags (2)  
Small garbage bags  
\*\*Map(s)  
25 feet of cord  
Stuffsacks

**\*\*NOTE:** SOME ITEMS MAY BE SHARED AMONG 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 camp (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.

Name \_\_\_\_\_ Check one ☐ 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

Parent / Legal Guardian \_\_\_\_\_

Signature of

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