

Flier Goes Here



Kentucky District  
Junior Leadership Development Academy  
Camp Kerby  
LaGrange, Kentucky

FOR OFFICE  
USE

POSTMARKED:  
PAID:  
BALANCE DUE:

Please Fill Out Registration Form Below

Please Print  
Name (Boy) \_\_\_\_\_ Grade/Age \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Commander \_\_\_\_\_ Contact Information \_\_\_\_\_

REGISTRATION

<u>Location</u>	<u>Date/Time Check</u> <u>Website</u>	<u>Cost</u>	<u>Registration Deadline</u>
Camp Kerby 3039 Jericho Rd LaGrange, Ky 40031	May 16-18, 2025	\$85.00	Online registration available Deadline date APRIL 23, 2025

Please check one:

☐ JTC



☐ AJTC



☐ MAC



Boys

Men's

Size

**\*\*Specify your T shirt size here, be specific boy's size or men's size**

*\*Make Checks Payable\* to KY Royal Rangers*

Registration forms to be emailed to Ryan West at [ryanquinnwest@gmail.com](mailto:ryanquinnwest@gmail.com) or mailed to 1101  
Beaumont Centre Ln, Apt. 4101, Lexington, KY 40513. Personnel Medical and permission form turn  
in during registration at camp.

If you have questions or need further information regarding Junior Training Camp (JTC) or Mission  
Action Camp (MAC),  
please contact Ryan West [ryanquinnwest@gmail.com](mailto:ryanquinnwest@gmail.com)

# Kentucky Royal Rangers

Personal Medical Record    Adult Screening Form, Photo Release

Insurance Information

Applicant's Full Name

Health Insurance Company's Name

In case of emergency please notify:

Last Name *(please print)*

First Name

Policy Number

Certificate Number

Daytime Contact Phone Number

Evening Contact Phone Number

Effective date of coverage

Health Insurance Company's Phone Number

## General Information:

A Personal Medical Record must be completed by each applicant for participation. Records for minors (under age 18) must include a parent or guardian's signature. Royal Rangers office reserves the right to accept or reject any person based upon his medical health.

Food or drug allergies

I am currently taking the following medications

Remarks and medical facts:

Special dietary needs:

Additional remarks

## Health History

To be completed by the applicant (if over 18) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant experienced the following? Check "Yes" or "No."

Sinus condition

☐

yes

☐

no

Shortness of breath

☐

yes

☐

no

Skin infection

☐

yes

☐

no

Lung problem

☐

yes

☐

no

Heart trouble

☐

yes

☐

no

High blood pressure

☐

yes

☐

no

Allergy-Asthma

☐

yes

☐

no

Fainting or dizziness

☐

yes

☐

no

Appendix removed

☐

yes

☐

no

Diabetes

☐

yes

☐

no

Any medical care in the past year?

☐

yes

☐

no

Any surgery within past year?

☐

yes

☐

no

Exposed to infectious:

Disease past 3 weeks

☐

yes

☐

no

Hepatitis past 6 months

☐

yes

☐

no

Any disorder preventing strenuous activity?

☐

yes

☐

no

Taking prescription medicine?

☐

yes

☐

no

Any reaction to drugs or medicine or any type?

☐

yes

☐

no

Special diet required?

☐

yes

☐

no

Give latest date of inoculation or vaccination against following:

Tetanus

Date

Measles

Small Pox

Diphtheria

Typhoid

Polio

Date

Birth Date

Height

Weight

Parent/Guardian's Name (Please Print)

( )

Parent / Guardian's Address

Parent/Guardian's Area Code and Phone Number

City

State

Zip

## Parent/Legal Guardian Consent & Model Release

( Required for all applicants under 18 years of age, the undersigned, as parent or legal guardian of the above named minor do hereby consent to his participation in this event and authorize the use of emergency medical care at the discretion of the adult event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of my child in any form and relinquish all rights of ownership or compensation. It is further understood that acceptance of these terms is a condition of my child's participation in this event.

Print Complete Name of Minor

Parent/Legal Guardian Signature

Date

## Pastor's Certification

( Required for all applicants 18 years of age or older, the undersigned, as Pastor of the above named adult participant do hereby acknowledge that the individual has been properly screened and approved for children or youth work in our church and provide my unqualified endorsement to his/her participation in this event.

Pastor's Signature

Date

## Applicant's Signature

( Required for all applicants, the undersigned, hereby acknowledge that to the best of my knowledge, I qualify for participation in this event and do hereby agree to abide by the rules and standards established for this event by its appointed leadership. I acknowledge that the information provided on my Personal Medical Record is true and correct and I consent to the administration of emergency medical treatment at the discretion of the event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at the event for future promotional use and hereby consent to the use of such items containing images of me in any form and relinquish all rights of ownership or compensation.

Applicant Signature

Date

Required Release

Signatures