



KENTUCKY CANOE ACTION CAMP

REGISTRATION PACKET
July 26th-28th 2024





DAY 1

5:00pm - 7:00pm	Arrival at Tailwater Campground @ Barren River Lake *Please arrive having eaten dinner already
7:00pm - 9:00pm	CAC Session I: Camp Overview and Introductions CAC Session II: Canoeing Preparation and Planning
9:00pm - 9:30pm	Devotion and Prayer Time
10:00pm	Lights Out

DAY 2

6:00am - 7:00am	Wake Up, Change Clothes and Packing
7:00am - 7:30am	Morning Assembly and Devotion
7:30am - 8:00am	Breakfast
8:00am - 12:00pm	Canoe 5 Miles to Mid-Island for Bag Lunch CAC Session III: Green Canoeing Merit
1:00pm - 6:00pm	Canoe 7 Miles to Barren River #3 Voluntary Public Access Area (VPA) under the KY 101 Bridge
6:00pm - 6:30pm	Commute back to Base Camp
6:30pm - 7:30pm	Dinner
7:30pm - 8:00pm	Cleanup/Free Time
8:00pm - 9:00pm	Council Fire

DAY 3



6:00am - 6:30am	Wake Up, Packing
6:30am - 7:00am	Morning Assembly and Devotion
7:00am - 8:00am	Breakfast
8:00am - 11:00am	CAC Session IV: Green Canoeing Merit Cont. CAC Session V: Green Canoeing Merit Cont.
11:00am - 12:00pm	Change & Break Camp
12:00pm - 12:30pm	Graduation Ceremony



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:

- Small pocket knife

Water:

- 1 Quart Nalgene water bottle

Clothing:

- Water Shoes/ Full Strap Sandals (Chaco/Teva)
- Camp shoes (moccasins, sandals)
- Socks
- Underwear (3)
- 1 Shorts (loose fit, avoid cotton)
- 1 long pants (loose fit, avoid cotton/denim)
- 2 T-shirts (cotton, Royal Rangers)
- Swim Trunks
- Light Rain Jacket
- Hat

Toiletry:

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

Miscellaneous:

- Sunglasses w/ Teather(Optional)
- Small flashlight, Extra Batteries
- Medium Sized Dry Bag
- Pen
- Small bible
- Insect repellent
- Large Garbage Bags (2)
- Small garbage bags

Personal Medical Record

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

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	<input type="checkbox"/> yes	<input type="checkbox"/> no	Shortness of breath	<input type="checkbox"/> yes	<input type="checkbox"/> no	Exposed to infectious:		
Ear problem	<input type="checkbox"/> yes	<input type="checkbox"/> no	Skin infection	<input type="checkbox"/> yes	<input type="checkbox"/> no	Disease past 3 weeks	<input type="checkbox"/> yes	<input type="checkbox"/> no
Lung problem	<input type="checkbox"/> yes	<input type="checkbox"/> no	Hearing difficulty	<input type="checkbox"/> yes	<input type="checkbox"/> no	Hepatitis past 6 months	<input type="checkbox"/> yes	<input type="checkbox"/> no
Heart trouble	<input type="checkbox"/> yes	<input type="checkbox"/> no	Bad eyesight	<input type="checkbox"/> yes	<input type="checkbox"/> no	Any disorder preventing strenuous activity?	<input type="checkbox"/> yes	<input type="checkbox"/> no
High blood	<input type="checkbox"/> yes	<input type="checkbox"/> no	Wear contact lenses	<input type="checkbox"/> yes	<input type="checkbox"/> no	Taking prescription medicine?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Allergy-Asthma	<input type="checkbox"/> yes	<input type="checkbox"/> no	Any medical care in the past year?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Any reaction to drugs or medicine or any type?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Fainting or dizzy	<input type="checkbox"/> yes	<input type="checkbox"/> no	Any surgery within past year?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Special diet required?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Diabetes	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Appendix	<input type="checkbox"/> yes	<input type="checkbox"/> no						

Give latest date of inoculation or vaccination against following:

	Date		Date
Tetanus		Small Pox	
Measles		Typhoid	
Diphtheria		Polio	

Birth Date	Height	Weight

Parent/Guardian's Name (Please Print)

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Parent/Guardian's Area Code and Phone Number

Parent / Guardian's Address

City

State

Zip

Required Release

Signatures

Parent/Legal Guardian Consent & Model Release *(Required for all applicants under 18 years of age)* I, 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)* I, 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)* I, 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