

JLDA

May 23-25, 2025
Camp Kerby
3039 Jericho Rd
LaGrange KY, 40031



Deadline Registration
April 30, 2025

Online: kyroyalrangers.com/events



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 Website</u>	<u>Cost</u>	<u>Registration Deadline</u>
Camp Kerby 3039 Jericho Rd LaGrange, Ky 40031	May 23-25, 2025	\$85.00	Online registration available Deadline date APRIL 30, 2025

Please check one:



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 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 Survival Action Camp (SAC), please contact Ryan West 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

Hearing difficulty

yes

no

Bad eyesight

yes

no

Wear contact lenses

yes

no

Any medical care in the past year?

yes

no

Any surgery within past year?

yes

no

Fainting or dizziness

yes

no

Appendix removed

yes

no

Diabetes

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

Diphtheria

Small Pox

Date

Typhoid

Polio

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