



# SPANISH EASTERN DISTRICT ROYAL RANGERS JUNIOR LEADERSHIP DEVELOPMENT ACADEMY

## 2024 SPRING REGISTRATION FORM

CAMPO MAHANAIM | 254 OLD WHITE LAKE TURNPIKE, SWAN LAKE, NY 12783

**OFFICE USE ONLY**

DATE REC'D: \_\_\_\_\_

AMT REC'D: \_\_\_\_\_

AMT OWED: \_\_\_\_\_



\$160.00



\$160.00



\$160.00



\$160.00



\$160.00



\$130.00



\$130.00

\*ADULT ROYAL RANGER LEADERS CAN TAKE THIS CAMP

PLEASE BE SURE TO CHECK THE PREREQUISITES BEFORE YOU SIGN UP, AND THEN MAKE SURE THAT A PARENT OR GUARDIAN FILLS OUT THE REGISTRATION FORM COMPLETELY.



### PLEASE WRITE NEATLY

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_ OUTPOST #: \_\_\_\_\_

CURRENTLY CHARTERED

CHECK HERE IF THERE IS A **SERIOUS** MEDICAL CONDITION LISTED ON THE MEDICAL FORM

\_\_\_\_\_ SHIRT AND SWEATER SIZE

I \_\_\_\_\_ OUTPOST COORDINATOR OF THE OUTPOST, CONFIRM THAT THE APPLICANT HAS COMPLETED THE REQUIREMENTS TO ATTEND THIS CAMP. BOTH MYSELF AND THE LOCAL PASTOR \_\_\_\_\_ ARE AWARE OF HIS PLANS TO ATTEND THIS CAMP.



### HOW TO SUBMIT YOUR APPLICATION

**APPLICATION DEADLINE: APRIL 21, 2024**

FOLLOW THE STEPS AT [WWW.SEDRR.COM/JLDA24](http://WWW.SEDRR.COM/JLDA24) & SUBMIT THIS COMPLETED FORM TO [TRAINING@SEDRR.COM](mailto:TRAINING@SEDRR.COM)

THERE WILL BE NO WALK-IN REGISTRATIONS ACCEPTED FOR ANY OF THESE CAMPS. PLEASE BE SURE TO SUBMIT YOUR APPLICATION BY APRIL 21, 2024 TO SECURE A SPOT AT OUR JLDA.

IN KEEPING WITH THE POLICIES, **ALL** ADULT LEADERS (THOSE WHO 18 YEARS OF AGE OR OLDER AS OF APRIL 21, 2024) **MUST** SUBMIT THE PASTORAL STAFF RECOMMENDATION FORM. THIS FORM WILL BE EMAILED TO YOU SEPARATELY.

**"EVANGELIZE, EQUIP, AND EMPOWER THE NEXT GENERATION OF CHRIST-LIKE MEN AND LIFELONG SERVANT LEADERS"**



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### CHURCH AND PARENT/GUARDIAN CONSENT RELEASE

#### PARENT/GUARDIAN RELEASE

I do hereby authorize \_\_\_\_\_ to attend the 2024 SEDRR SPRING JLDA, at Campo Mahanaim | 254 Old White Lake Turnpike, Swan Lake, NY 12783, and I also give permission for my child to participate in all planned activities at the same. I understand the arrangements and feel that adequate precautions are planned to ensure the safety of those involved. I also affirm that my child possesses the necessary attitude and ability to attend the camps. While striving to ensure a safe and closely supervised environment, the Junior Leadership Development Academy and its staff, the Spanish Eastern District Royal Rangers, and the Spanish Eastern District Council of the Assemblies of God cannot be held responsible for any unforeseeable accident or injury which may occur during the course of any of the activities. I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I give my permission to hospitalize and/or secure the services of a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this form and the required Medical Record form. I understand that the Junior Leadership Development Academy staff, the Spanish Eastern District Royal Rangers, and the Spanish Eastern District Council of the Assemblies of God, will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent or guardian.

#### EMERGENCY CONTACTS:

##### 1<sup>ST</sup> CONTACT:

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

HOME PHONE:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL PHONE:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ WORK PHONE:(\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL: \_\_\_\_\_@\_\_\_\_\_.

##### 2<sup>ND</sup> CONTACT:

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

HOME PHONE:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL PHONE:(\_\_\_\_) \_\_\_\_ - \_\_\_\_ WORK PHONE:(\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL: \_\_\_\_\_@\_\_\_\_\_.

My Signature certifies that I agree to the above and that the information I provided on this page, the Application, and the Medical Form are accurate and complete to the best of my knowledge and I give my permission for my son or ward to attend the camp.

**PARENT OR LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### CHURCH/OUTPOST RELEASE

**OUTPOST COORDINATOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SENIOR PASTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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