

**2007 LEADERSHIP TRAINING ACADEMY CAMPOUT**  
**Iowa District Royal Rangers**  
**Iowa Ministries Network – Assemblies of God**

**APPLICATION**

CAMP DATE IS JULY 13-14, 2007, at SUNSTREAM CAMPGROUNDS, OGDEN, IA.  
CONFIRMED REGISTRATION DEADLINE IS JULY 6<sup>th</sup>

(PLEASE PRINT )

NAME \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH ...../...../.....

OUTPOST # \_\_\_\_\_ CHURCH DENOMINATION \_\_\_\_\_

CHURCH NAME \_\_\_\_\_ CHURCH OFFICE PHONE (\_\_\_\_) \_\_\_\_\_

I AM PERSONALLY ACQUAINTED WITH THE APPLICANT, AND, IN MY OPINION, HE IS A COMPETENT AND QUALIFIED YOUTH WORKER.

PASTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**REQUIREMENTS**

YOU MUST BE **MALE, 18 YEARS OR OLDER, AND IN GOOD HEALTH** IN ORDER TO PARTICIPATE IN THE ACTIVITIES OF THE TRAINING CAMP. THE HEALTH HISTORY FORM MUST ACCOMPANY THIS APPLICATION.

**REGISTRATION FEES**

DUE TO THE COST OF HOLDING TRAINING CAMPS, THE CAMP FEE IS \$50. Cost covers meals, materials, certificate, etc. YOUR APPLICATION IS TO BE POSTMARKED BY THE DEADLINE DATE. ONCE YOUR APPLICATION IS APPROVED, YOU WILL RECEIVE ADDITIONAL INFORMATION REGARDING THE CAMP. LATE REGISTRATIONS AND WALK-INS WILL BE PERMITTED BUT CONTACT THE DISTRICT TRAINING COORDINATOR, SCOTT TOSTEN, AS SOON AS POSSIBLE AT (515) 297-2178. VISIT THE IOWA MINISTRIES NETWORK WEBSITE AT [www.idcaog.org](http://www.idcaog.org) - UNDER DEPARTMENTS – ROYAL RANGERS.

Mail this form plus fee to: **Royal Rangers, C/O Iowa Ministries Network, 10525 Buena Vista Ct., Urbandale, IA, 50322**

FOR OFFICE USE:

POSTMARKED:

PAID: \$ \_\_\_\_\_ BAL. DUE: \$ \_\_\_\_\_

TOTAL AMOUNT TO BE PAID: \$50.00

Account: 070-40600

# HEALTH HISTORY FORM

## IOWA DISTRICT ROYAL RANGER TRAINING CAMP

This entire form must be completed and mailed in with the application. The Iowa Ministries Network office has the prerogative to accept or reject applicants based upon their medical health.

Applicant's Name (Please Print)			Birth Date: (mm/dd/yyyy)		
Height	Weight	Occupation			
<b>HEALTH HISTORY</b>		Please answer YES or NO to the following and briefly explain any YES answers under REMARKS below. Use the back of this form, if necessary.			
QUESTION/CONDITION	YES	NO	QUESTION/CONDITION	YES	NO
Hearing Difficulties?			Have you had medical treatment in the last year?		
Lung Condition?			Have you had surgery in the last year?		
High Blood Pressure?			Have you been exposed to infectious diseases in the last 3 weeks?		
Heart Problems?			Have you been exposed to Hepatitis in the last 6 months?		
Asthma/Allergies?			Do you have any disorders that would prevent strenuous activity?		
Fainting/Dizziness?			Are you taking any prescription medications?		
Shortness of Breath?			Have you had any allergic reactions to any types of drugs or medications?		
Vision Problems? Contacts?			Sinus Condition?		
Skin Infections or Problems?			Food Allergy?		

Please use the space below to explain any "YES" answers:

If you are currently taking medication, please list them below. (If you need more room, use the back of this form.)

MEDICATION	DOSAGE	FREQUENCY

### **\*\*EMERGENCY CONTACT\*\***

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DAYTIME PHONE (\_\_\_\_) \_\_\_\_\_ EVENING PHONE (\_\_\_\_) \_\_\_\_\_

I know of no physical reason that would restrict me from participation in camp activities.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_